

SUBMISSION FORM - SWINE



845, Marie-Victorin, unit 38
 Levis (Qc) G7A 3S8
 Toll Free: 1-877-847-5411
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 lab@demetersv.com

HERD / OWNER IDENTIFICATION	
Farm / Business:	
Site:	
Site Address:	
Production: <input type="checkbox"/> Sow unit <input type="checkbox"/> Nursery <input type="checkbox"/> Finishing <input type="checkbox"/> Other: _____	
Owner:	

REF. #

CLINICAL INFORMATION		
Case type: <input type="checkbox"/> Clinical case <input type="checkbox"/> Monitoring / prevention <input type="checkbox"/> Quarantine <input type="checkbox"/> Vaccination monitoring <input type="checkbox"/> Other: _____		
Vaccine	Dose (ml)	Date of vaccination
Anamnesis:		

VETERINARIAN

NOTES
Site:
Vet:
Invoicing:

REQUESTED TESTS <input type="checkbox"/> URGENT (FEES MAY APPLY)			
PCR	ELISA	SEQUENCING	
Viruses	Indiv. Pool in 2	<input type="checkbox"/> PRRSv ORF5	
<input type="checkbox"/> PRRSv	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> PRRS – IDEXX	<input type="checkbox"/> Influenza A, H1/H3
<input type="checkbox"/> PRRSv ATP-Fostera-MLV differentiation	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> <i>M. hyopneumoniae</i> - IDEXX	<input type="checkbox"/> Influenza A, N1/N2
<input type="checkbox"/> PEDv/TEGv/SDCV (triplex)	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> <i>M. hyopneumoniae</i> - HIPRA	Other
<input type="checkbox"/> Circovirus duplex PCV2/PCV3	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> Swine influenza A - IDEXX	<input type="checkbox"/> Particule size
<input type="checkbox"/> Influenza A	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> PCV2 IgG / IgM - Ingenasa	<input type="checkbox"/> Vomitoxin (DON)
<input type="checkbox"/> PRRSv/Influenza A (duplex)	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> <i>Lawsonia</i> (ileitis) - Svanova	<input type="checkbox"/> Fecal egg detection (Wisconsin)
<input type="checkbox"/> Influenza A, typing H1/H3	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	Other test(s) (external lab):	
<input type="checkbox"/> Influenza A, typing N1/N2	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of		
<input type="checkbox"/> Senecavirus A	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of		
Bacteria			
<input type="checkbox"/> <i>Mycoplasma hyop. / M. hyor. / M. hyos.</i> (triplex)	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of		
<input type="checkbox"/> <i>Salmonella spp. / S. enteritidis/S.typhimurium</i> (triplex)	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of		
<input type="checkbox"/> <i>Serratia marcescens</i>	<input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of		

SAMPLE INFORMATION
Date of sampling:
Sample type: <input type="checkbox"/> W. blood <input type="checkbox"/> Serum <input type="checkbox"/> Saliva <input type="checkbox"/> Tissue <input type="checkbox"/> Feces <input type="checkbox"/> Wipe: _____ <input type="checkbox"/> Environ. <input type="checkbox"/> Processing fluids <input type="checkbox"/> Lingual fluid <input type="checkbox"/> Swab: _____ <input type="checkbox"/> Other: _____

No	ID	Age / Parity
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COMMENTS

Signature: _____ Date: _____

LABORATORY USE ONLY		
Date of receipt:	Received by:	#RMA:
Notes		