

SUBMISSION FORM - SWINE



845, Marie-Victorin, unit 38
 Levis (Qc) G7A 3S8
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 418-836-0744, ext. 240
 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

VETERINARIAN

Anamnesis:

NOTES
Site:
Vet:
Invoicing:

REQUESTED TESTS	<input type="checkbox"/> URGENT (FEES MAY APPLY)
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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"/> Processing fluids <input type="checkbox"/> Environ. / <input type="checkbox"/> Swab: _____ / <input type="checkbox"/> Other: _____

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"/> <input type="checkbox"/>	<input type="checkbox"/> Influenza A, H1/H3
<input type="checkbox"/> PEDv/TEGv/SDCV (triplex) <input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> <i>M. hyopneumoniae</i> - IDEXX	
<input type="checkbox"/> Circovirus duplex PCV2/PCV3 <input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> <i>M. hyopneumoniae</i> - HIPRA	Other
<input type="checkbox"/> Influenza A <input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> Swine influenza A - IDEXX	<input type="checkbox"/> Particulate size
<input type="checkbox"/> Influenza A, typing H1/H3 <input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> PCV2 – External lab	<input type="checkbox"/> Vomitoxin (DON)
<input type="checkbox"/> Influenza A, typing N1/N2 <input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	<input type="checkbox"/> <i>Lawsonia</i> – External lab	<input type="checkbox"/> Fecal egg detection (Wisconsin)
<input type="checkbox"/> Senecavirus A <input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of	Other test(s) (external lab):	
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>Serratia marcescens</i> <input type="checkbox"/> Indiv. <input type="checkbox"/> Pool of		

No	ID	Age / Parity
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COMMENTS

Signature: _____ Date: _____

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