

SAMPLE SUBMISSION FORM

EDITION 01/2024

DO NOT WRITE HERE.
 AREA KEPT FOR THE LAB

FARM	
Farm ID	
Country	
Farm name	
Farm company	
Animal owner	

SEND RESULTS TO:

INVOICE TO:

VETERINARIAN	
Name	Country
Phone 1	Phone 2
E-Mail	

TYPE OF OPERATION		<input type="checkbox"/> SWINE	<input type="checkbox"/> CATTLE	<input type="checkbox"/> SHEEP
<input type="checkbox"/> Production of 6kg piglets	<input type="checkbox"/> Closed system	<input type="checkbox"/> Finishing unit continuos	<input type="checkbox"/> Production of gilts	<input type="checkbox"/> AIC
<input type="checkbox"/> Production of 18kg piglets	<input type="checkbox"/> Finishing unit AI/AO	<input type="checkbox"/> Nursery	<input type="checkbox"/> Multiplier	<input type="checkbox"/> Quarantine AIC

SAMPLES	
Sampling date	
No. samples	
SAMPLE TYPE	No. Samples
<input type="checkbox"/> Blood	
<input type="checkbox"/> Whole blood	
<input type="checkbox"/> Serum	
<input type="checkbox"/> Cerebrospinal fluid	
<input type="checkbox"/> Intestinal contents	
<input type="checkbox"/> Joints	
<input type="checkbox"/> Oral fluids	
<input type="checkbox"/> Pericardial fluid	
<input type="checkbox"/> Intestine	
<input type="checkbox"/> Thoracic fluid	
<input type="checkbox"/> Swab	
Taken from:	
<input type="checkbox"/> Lung	
<input type="checkbox"/> Head	
<input type="checkbox"/> Skin	
<input type="checkbox"/> Fetus	
<input type="checkbox"/> Faeces	
<input type="checkbox"/> Tongues	
<input type="checkbox"/> Tails	
<input type="checkbox"/> Water	
<input type="checkbox"/> Others:	
<input type="checkbox"/> Necropsies	

ANIMALS	MARK X
<input type="checkbox"/> Piglets 1 day	
<input type="checkbox"/> Suckling piglets	
<input type="checkbox"/> Weaners	
<input type="checkbox"/> Growers-Finishers	
<input type="checkbox"/> Replacement gilts	<input type="checkbox"/> Internal <input type="checkbox"/> External
<input type="checkbox"/> Sows - Boars	

CLINICAL CASE	MARK X
<input type="checkbox"/> No symptoms	Clinical history:
Symptoms:	
<input type="checkbox"/> Enteric	
<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Reproductive	
<input type="checkbox"/> Neurological	
<input type="checkbox"/> Cutaneous	
<input type="checkbox"/> Systemic	
<input type="checkbox"/> Other	

ANIMAL NO.					<input type="checkbox"/> PCR in pools of	<input type="checkbox"/> Individual PCR			
NO.	TAG NO.	AGE	SAMPLE TYPE	POOL ID	NO.	TAG NO.	AGE	SAMPLE TYPE	POOL ID
1					19				
2					20				
3					21				
4					22				
5					23				
6					24				
7					25				
8					26				
9					27				
10					28				
11					29				
12					30				
13					31				
14					32				
15					33				
16					34				
17					35				
18					36				

OTHER INFORMATION

VET SIGNATURE

TESTS REQUESTED		MARK X	MARK X		
SEROLOGICAL TESTS		TYPE SAMPLE/REF.	PCR		TYPE SAMPLE/REF.
<input type="checkbox"/>	Aujesky gE		<input type="checkbox"/>	qPCR toxA Pasteurella multocida	
<input type="checkbox"/>	Aujesky gB		<input type="checkbox"/>	qPCR Bordetella bronchiseptica	
<input type="checkbox"/>	Aujesky Total Ab		<input type="checkbox"/>	qPCR Streptococcus suis	
<input type="checkbox"/>	Classical swine fever (CSF)		<input type="checkbox"/>	qPCR Glaesserella parasuis	
<input type="checkbox"/>	African swine fever (ASF)		<input type="checkbox"/>	qPCR Actinobacillus pleuropneumoniae	
<input type="checkbox"/>	Brucellosis (RB)		<input type="checkbox"/>	RT-qPCR PRRS EU/NA	
<input type="checkbox"/>	Brucellosis (Ind. ELISA)		<input type="checkbox"/>	PRRSv secuencing ORF-	
<input type="checkbox"/>	Brucellosis (Block ELISA)		<input type="checkbox"/>	RT-qPCR Influenza (Flu)	
<input type="checkbox"/>	PRRS (ELISA)		<input type="checkbox"/>	Typing Influenza virus	
<input type="checkbox"/>	PRRS (ELISA oral fluids)		<input type="checkbox"/>	qPCR PCV 2/3	
<input type="checkbox"/>	Erysipelas		<input type="checkbox"/>	qPCR Mycoplasma hyopneumoniae	
<input type="checkbox"/>	Swine parvovirus		<input type="checkbox"/>	qPCR Mycoplasma suis	
<input type="checkbox"/>	Influenza (IAV)		<input type="checkbox"/>	qPCR Mycoplasma hyorhinis	
<input type="checkbox"/>	Mycoplasma hyopneumoniae Idexx		<input type="checkbox"/>	qPCR Mycoplasma hyosynoviae	
<input type="checkbox"/>	Transmissible gastroenteritis (TGE)		<input type="checkbox"/>	qPCR B. hyodysenteriae/B. pilosicoli	
<input type="checkbox"/>	App-Apx IV		<input type="checkbox"/>	qPCR Lawsonia intracellularis	
<input type="checkbox"/>	App Biovet 1-9-11		<input type="checkbox"/>	RT-qPCR DEP/TGE/Rotavirus A	
<input type="checkbox"/>	App Biovet 2		<input type="checkbox"/>	RT-qPCR Rotavirus C	
<input type="checkbox"/>	App Biovet 3-6-8		<input type="checkbox"/>	qPCR Salmonella spp	
<input type="checkbox"/>	App Biovet 4-7		<input type="checkbox"/>	qPCR Clostridium difficile A/B	
<input type="checkbox"/>	App Biovet 5a-5b		<input type="checkbox"/>	qPCR Brucella spp	
<input type="checkbox"/>	App Biovet 10		<input type="checkbox"/>	qPCR Leptospira spp	
<input type="checkbox"/>	App Biovet 12		<input type="checkbox"/>	qPCR Chlamydia spp	
<input type="checkbox"/>	App Biovet 13		<input type="checkbox"/>	qPCR porcine parvovirus	
<input type="checkbox"/>	PCV2 IgG BioChek		<input type="checkbox"/>	qPCR Erysipelas	
<input type="checkbox"/>	PCV2 IgG Ingenasa		<input type="checkbox"/>	qPCR African Swine Fever (ASF)	
<input type="checkbox"/>	PCV2 IgG/IgM Ingenasa		<input type="checkbox"/>	RT-qPCR atypical porcine pestivirus	
<input type="checkbox"/>	Swine respiratory coronavirus		<input type="checkbox"/>	PCR Clostridium novyi A y B	
<input type="checkbox"/>	Tuberculosis (TB)		<input type="checkbox"/>	PCR App serotyping	
<input type="checkbox"/>	Salmonella spp.		<input type="checkbox"/>	PCR S.suis serotyping	
<input type="checkbox"/>	Lawsonia intracellularis		<input type="checkbox"/>	PCR G.parasuis serotyping	
<input type="checkbox"/>	Glaesserella parasuis		<input type="checkbox"/>	PCR G.parasuis virulence strains	
<input type="checkbox"/>	Mange		<input type="checkbox"/>	PCR E.coli virulence factors	
<input type="checkbox"/>	Porcine epidemic diarrhea (PED)		<input type="checkbox"/>	PCR C.perfringens toxinotyping	
<input type="checkbox"/>	Rotavirus A (PRVA) (immunochromatography)		<input type="checkbox"/>	PCR S.hycicus toxinotyping	
<input type="checkbox"/>	Leptospira interrogans (Bratislava serovar)		<input type="checkbox"/>	MLST Brachyspira hyodysenteriae	
<input type="checkbox"/>	Immunocrit		BACTERIOLOGY MARK X		TYPE SAMPLE/REF.
HISTOPATOLOGY			BACTERIA		
			<input type="checkbox"/>	Isolation and identification of bacteria	
			<input type="checkbox"/>	Isolation and identification of Clostridia	
			<input type="checkbox"/>	Isolation and identification Brachyspira spp.	
			<input type="checkbox"/>	Qualitative antimicrobial susceptibility test (Kirby Bauer)	
IMMUNOHISTOCHEMISTRY			<input type="checkbox"/>	Antimicrobial susceptibility test (MIC)	
			MYCOTOXINS		REF.
			Deoxynivalenol (Don-"vomitoxin") (250 - 5000 ppb)		
			Fumonisin (250 - 5000 ppb)		
			Zearalenone (25 - 1000 ppb)		
			Aflatoxin (1 - 20 ppb)		
PARASITOLOGY					
<input type="checkbox"/>	Coccidia count	<input type="checkbox"/>	Quantitative coprology		
<input type="checkbox"/>	Coccidia detection				
<input type="checkbox"/>	Sarcoptes mites detection				
WATER TESTING					
<input type="checkbox"/> Basic (Total germs, total coliforms, E. coli, Clostridium perfringens (including spores), pH and conductivity).					
<input type="checkbox"/> Complete I (Hardness, total chloride, nitrites, nitrates, ammonium, sulfates, chlorides, free chlorine, pH, conductivity, total germs, total coliforms, E. coli, Clostridium perfringens (including spores), others					
<input type="checkbox"/> Complete II (Iron, calcium, manganese).					
SAMPLE DETAILS (WATER)					
The sample was taken from:					
<input type="checkbox"/> Tank		<input type="checkbox"/> Pipes			
<input type="checkbox"/> Drinkers		<input type="checkbox"/> Other:		
Water purification method:					
<input type="checkbox"/> Chloride		<input type="checkbox"/> Peroxides			
<input type="checkbox"/> Chlorine dioxide		<input type="checkbox"/> Not performed			
<input type="checkbox"/> Municipal water		<input type="checkbox"/> Other:		
Farm water supply:					
<input type="checkbox"/> Municipal water		<input type="checkbox"/> Well		<input type="checkbox"/> Swamp	
<input type="checkbox"/> Irrigation ditch		<input type="checkbox"/> Raft			
<input type="checkbox"/> Other:				
ENTEROBACTERIA (Surface control)					