



**Molecular Diagnostic Laboratory  
PRRS PCR Sample Submission Form**

Case ID: \_\_\_\_\_

**Gallant Custom Laboratories**  
1425 Bishop St. N, Units 12 & 13  
Cambridge, Ontario, Canada  
N1R 6J9

Tel: (519) 620-2488  
Tel: 1-888-838-5223  
Fax: (519) 620-2489  
Email: gallantcustomlabs@on.aibn.com

Veterinarian: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_

Species: \_\_\_\_\_  
Herd Size: \_\_\_\_\_  
No. of Samples: \_\_\_\_\_  
Date Collected: \_\_\_\_\_

Date Samples Received: \_\_\_\_\_  
(Lab Use Only)

Farm/Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_

**PRRSV Vaccinated Herd?**

Yes \_\_\_\_\_  
 No \_\_\_\_\_

**Sample Condition Upon Receipt**

- Refrigerated
- Frozen
- Room Temp.
- Other \_\_\_\_\_

**PRRSV PCR Sample Type**

- (Check below)
- Serum
  - Blood Swab
  - Oral Fluids

Sample #	Sample/Tube Identification	Identify grouping of samples for pooled analysis (max. 3)	Age	Case ID number (Lab Use Only)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				

**Real-time PCR Test Requested**

- NA & EU PRRSV
- NA & EU PRRSV + Quantitation
- NA PRRSV
- NA PRRSV + Quantitation

**PRRS PCR Pooling Requirements**

- 2 to 1
- 3 to 1
- Other \_\_\_\_\_

**Submission Instructions:**

- 1) Collect serum (in sterile vacutainer or other tube without anticoagulant) and/or blood swabs.
- 2) Complete sample submission form.
- 3) Label and ship tubes in consecutive order.
- 4) Package to maintain cold in a leak proof container.
- 5) Ship same day or overnight.

Signature of submitting Veterinarian: \_\_\_\_\_

Comments:

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