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Specimen Testing Submission Form

DATE:	**LAB #:** For office use only

CLINIC:	**OWNER:**
VETERINARIAN:	**ADDRESS:**
ADDRESS:	
Phone: Fax:	**Phone: Fax:**

Animal Species:	**Age: d w m y Weight: Kg Lbs**
Barn ID:	**Duration of problems:**
Sample type:	**Sample number:**
Clinical Signs and Vaccination History:	

Diagnostic Tests Requested: Possible Autogenous Biologic ☐

- Respiratory/Systemic – Routine Culture and Susceptibility ☐
  - ***Haemophilus parasuis*** – serotyping…….☐
  - ***Streptococcus suis*** – serotyping…… ☐
  - ***Actinobacillus pleuropneumoniae*** – serotyping…… ☐
    - ***Actinobacillus pleuropneumoniae*** – PCR confirmation.. ☐

- Enteric - Routine Culture and Susceptibility: ☐
  - ***Escherichia coli*** - virotyping screen……... ☐
    - ***Escherichia coli*** - virotyping of isolates upon detection.....☐
    - ***STEC Virulence Factor Screen***.....☐
  - ***Clostridium perfringens*** - anaerobic incubation.....☐
    - ***Clostridium perfringens*** – genotyping.....☐
  - ***Clostridium difficile*** – alcohol shock and anaerobic incubation… ☐
    - ***Clostridium difficile*** toxin typing…… ☐
  - Enrichment for ***Salmonella*** isolation…… ☐
    - ***Salmonella*** serotyping (sent to external lab)……☐
- Mycoplasma- Swine ☐ Bovine ☐
  - PCR and Isolation –***M. hyosynoviae***, ***M. hyorhinis***, ***M. hyopneumoniae*** ☐
- Swine Influenza Virus: ☐
  - Swine Influenza Virus isolation…….. ☐
    - Swine Influenza Virus PCR detection and sub-typing ……☐

- Other_____

Results will be forwarded by email to attending veterinarian.