



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

# PORCINE SUBMISSION FORM


Kansas State Veterinary Diagnostic Laboratory  
1800 Denison Avenue, Mosier D117, Manhattan, KS 66506  
Phone: (866) 512-5650 Fax: (785) 532-4835  
[www.ksvdl.org](http://www.ksvdl.org)

Laboratory Use Only

Case Coordinator \_\_\_\_\_

Panel \_\_\_\_\_

Accession Number \_\_\_\_\_

 **Please download/save and use Adobe Acrobat to complete form. Many web browsers cannot fill form fields**

**BILL TO:**  Clinic  Owner  Third Party Third Party to Receive Results?  Yes  No

Third Party Contact Info: \_\_\_\_\_  
\_\_\_\_\_

**CLINIC** ACCOUNT # \_\_\_\_\_

Veterinarian \_\_\_\_\_

Clinic/Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**OWNER/PRODUCER**

Owner Name \_\_\_\_\_

Business / Premise \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax or E-mail \_\_\_\_\_

Send Results Via: (Check all that apply)  E-Mail  Fax  Also Send Results to Owner: \_\_\_\_\_

### ANIMAL INFORMATION

Site/Farm Name \_\_\_\_\_

Premise ID \_\_\_\_\_ Reference ID \_\_\_\_\_ Premises Type \_\_\_\_\_

Site Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

### SPECIMEN(S) SUBMITTED

Collection Date \_\_\_\_\_ Number of Samples \_\_\_\_\_

Reason for Test  General Diagnostics  Surveillance  Other \_\_\_\_\_

Premise ID Barcode

### SPECIMEN(S) TYPE

Feces  Milk  Serum  Whole Blood  Fixed Tissue(s) \_\_\_\_\_  Swab(s) \_\_\_\_\_

Fluid  Oral Fluid/Saliva  Urine  Whole Body  Fresh Tissue(s) \_\_\_\_\_  Other \_\_\_\_\_

### CLINICAL HISTORY & COMMENTS

*Pathologist's Discretion - The diagnostician will select the best testing based upon the history and clinical signs you describe in this section.*

### ANIMAL IDENTIFICATION INFORMATION\*

\* Spreadsheets including animal ID information may be attached to this form or e-mailed to: [receiving@vet.k-state.edu](mailto:receiving@vet.k-state.edu)

#	ANIMAL ID	Age/Lot	Observation

#	ANIMAL ID	Age/Lot	Observation

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.

Veterinarian \_\_\_\_\_

Owner Name \_\_\_\_\_

Porcine Form



Kansas State Veterinary  
DIAGNOSTIC LABORATORY

Accession Number

**BACTERIOLOGY/MYCOLOGY**

Organism(s) suspected: \_\_\_\_\_

Antibiotics used: \_\_\_\_\_  None

Date of last dose: \_\_\_\_\_

Aerobic Culture, Includes Salmonella enrichment, if applicable  
 Aerobic Susceptibility

Anaerobic Culture

**HISTOPATHOLOGY**

Histopathology

IHC Pathogen: \_\_\_\_\_

**NECROPSY & DISPOSAL**

Date of Death: \_\_\_\_\_

Animal was Euthanized?  Yes  No

Barbiturates  Yes  No

Gross Only Necropsy  
- Do not check if additional testing will be added.

Necropsy & Additional Testing  
(indicated elsewhere)

Necropsy & Tests at Pathologists Discretion

Disposal

Cremation

**PARASITOLOGY**

Fecal Float  Qualitative  Quantitative  Both

Fecal Direct Smear

Fluke Egg Recovery (Sedimentation)

Parasite Identification

**MOLECULAR DIAGNOSTICS (PCR)**

Porcine Rotavirus Multiplex Real-Time (groups A, B, & C)

Porcine Circovirus Type 2 and Type 3 Real-Time

Test Individually  Pool \_\_\_ Samples/pool (Max 5)

*Actinobacillus pleuropneumoniae* (APP) PCR

*Haemophilus parasuis*

*Lawsonia intracellularis*

*Leptospira* pathogenic

*Mycoplasma hyopneumoniae*

Mycoplasma Species

Porcine Epidemic Diarrhea Virus (PEDv) / Porcine Delta Coronavirus (PDCoV)

Porcine Epidemic Diarrhea Virus (PEDv)/ Transmissible Gastroenteritis Virus (TGEv)

Porcine Respiratory and Reproductive Syndrome Virus (PRRSv) North American & European

Test Individually  Pool \_\_\_ Samples/pool (Max 5)

Swine Influenza Virus (SIV)

Transmissible Gastroenteritis Virus (TGEv)

I request sequencing of any PCR positive samples

**SEROLOGY/VIROLOGY (Serum Only)**

Brucella abortus (BAPA) (default)

Leptospirosis 6 Serovar MAT

**VIROLOGY**

Virus Isolation  
Suspected viral pathogen: \_\_\_\_\_

Porcine Circovirus Type 2a Quantitative IFA

Porcine Circovirus Type 2b Quantitative IFA

Porcine Circovirus Type 2d Quantitative IFA

Porcine Circovirus Type 2a, 2b, 2d Quantitative IFA Panel

Electron microscopy

Mycoplasma hyopneumoniae (IDEXX ELISA)

Porcine parvovirus (HI)

PRRSV (IDEXX ELISA)

Pseudorabies virus (PRV)

Swine Influenza Virus (SIV) NP Antibody ELISA

**TOXICOLOGY**

Trace mineral panel (Ca, Co, Cr, Cu, Fe, K, Mg, Mn, Mo, Na, P, Se, Zn)

Heavy metal screen (As, Cd, Pb, Tl, Hg)

Single Element (any above listed elements) \_\_\_\_\_

Mycotoxin ELISA

Plant/Seed Identification

pH

Other \_\_\_\_\_

**OTHER TESTS NOT LISTED**

Please visit our test and fees at [www.KSVDL.org](http://www.KSVDL.org) for current tests, prices, and acceptable samples.

OPENED BY

**Courier Record:**  Courier  FedEx  Hand Delivered  Mail  UPS

**Coolant Record:**  Coolant Pack  Dry Ice  Frozen  Warmer  None

**Sample Condition:**  Good  Broken  Leaked  Other \_\_\_\_\_