



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

Laboratory Use Only

Case Coordinator



Accession Number

Panel

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

#	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



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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 Epidemic Diarrhea Virus (PEDv)/ Transmissible

Gastroenteritis Virus (TGEv)/Porcine Delta Coronavirus (PDCoV) PCR

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

OTHER TESTS NOT LISTED

Please visit our test and fees at www.KSVDL.org for current tests, prices, and acceptable 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: _____

MOLECULAR SEQUENCING

Description (microbe species, results requested, reason for testing): _____

Metagenomic Sequencing

PRRS ORF5 Sequencing

Rotavirus Group C-VP7 Sequencing

Other: _____

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 _____