



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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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 Histopathology, 1-4 Tissues
 - Necropsy Histopathology, 5+ Tissues
- 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 <input type="text"/>	Courier Record: <input type="checkbox"/> Courier <input type="checkbox"/> FedEx <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Mail <input type="checkbox"/> UPS
	Coolant Record: <input type="checkbox"/> Coolant Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Frozen <input type="checkbox"/> Warmer <input type="checkbox"/> None
	Sample Condition: <input type="checkbox"/> Good <input type="checkbox"/> Broken <input type="checkbox"/> Leaked <input type="checkbox"/> Other _____