



## Swine Health Testing Submission Form

**GeneSeek, Inc.**  
 Veterinary Diagnostics Division  
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 Tel.: (402) 435-0665 Fax: (402) 435-0664

*For laboratory use only:*

Date samples received \_\_\_\_\_  
 Order ID \_\_\_\_\_ Task ID \_\_\_\_\_  
 Sample condition \_\_\_\_\_

**Veterinarian** \_\_\_\_\_  
**Clinic** \_\_\_\_\_  
 Tel. \_\_\_\_\_ Fax \_\_\_\_\_  
 e-mail \_\_\_\_\_

Client/Owner \_\_\_\_\_  
 Farm \_\_\_\_\_ Site \_\_\_\_\_  
 Premise ID \_\_\_\_\_  
**Number of samples submitted:** \_\_\_\_\_

Sample type: serum  whole blood  ear-stick  environmental  oral fluids  other  save serum

<b>Tests requested:</b> <input type="checkbox"/> multiplex PRRSV PCR (US/EU) <input type="checkbox"/> Swine Influenza Virus PCR <input type="checkbox"/> <i>Mycoplasma hyopneumoniae</i> PCR <input type="checkbox"/> PCV2 PCR <input type="checkbox"/> US PRRSV quantitative PCR	<input type="checkbox"/> PEDV PCR <input type="checkbox"/> PEDV/PDCoV multiplex PCR <div style="border: 1px solid black; padding: 2px; text-align: center; margin: 5px 0;">Serology</div> <input type="checkbox"/> PRRSV antibody ELISA <input type="checkbox"/> <i>Mycoplasma hyopneumoniae</i> antibody ELISA	<b>turnaround time:</b> <b>PRRSV PCR</b> <b>PEDV/PDCoV</b> <b>PCR:</b> same day <b>All other:</b> next day	pool by (up to 5) _____
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samples											
tube No	animal ID	date bled/ collected	barn/ room	tube No	animal ID	date bled/ collected	barn/ room	tube No	animal ID	date bled/ collected	barn/ room
1				21				41			
2				22				42			
3				23				43			
4				24				44			
5				25				45			
6				26				46			
7				27				47			
8				28				48			
9				29				49			
10				30				50			
11				31				51			
12				32				52			
13				33				53			
14				34				54			
15				35				55			
16				36				56			
17				37				57			
18				38				58			
19				39				59			
20				40				60			