



SWINE SEROLOGY REQUEST FORM

Date: _____

Veterinarian: _____ Producer: _____

Clinic: _____ Site/Barn: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ FAX _____ Species: _____

E-mail: _____ Age/Lbs: _____

Tentative Diagnosis: _____

Newport Labs cannot accept samples from Rabies suspects or from premises known to be infected with Brucellosis and/or Q Fever

Serology	Tube #	Pig No.	Age
_____ DocuVac™ Compliance Marker ELISA	1	_____	_____
_____ <i>M. hyopneumoniae</i> IDEXX ELISA	2	_____	_____
_____ PRRSV IDEXX ELISA	3	_____	_____
_____ Influenza A Multiscreen IDEXX ELISA	4	_____	_____
_____ IAV-S Hemagglutination Inhibition (HI)	5	_____	_____
_____ Other _____	6	_____	_____
_____ Other _____	7	_____	_____
	8	_____	_____
	9	_____	_____
	10	_____	_____
	11	_____	_____
	12	_____	_____
PCV Testing			
PCV2 Quantitative PCR Individual _____	13	_____	_____
PCV2 Quantitative PCR Pooled _____	14	_____	_____
PCV2 Virus Isolation Individual _____	15	_____	_____
PCV2 Virus Isolation Pooled _____	16	_____	_____
PCV2 Sequencing <input type="checkbox"/> Yes <input type="checkbox"/> No	17	_____	_____
	18	_____	_____
	19	_____	_____
	20	_____	_____
PRRSV Testing			
PRRSV Multiplex (US & Euro) PCR Individual _____	21	_____	_____
PRRSV Multiplex (US & Euro) PCR Pooled _____	22	_____	_____
PRRSV Virus Isolation Individual _____	23	_____	_____
PRRSV Virus Isolation Pooled _____	24	_____	_____
	25	_____	_____
	26	_____	_____
PRRSV Sequencing <input type="checkbox"/> Yes <input type="checkbox"/> No	27	_____	_____
	28	_____	_____
	29	_____	_____
	30	_____	_____

Case #	Date Rec'd	Courier	Technician
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PCR service is performed pursuant to an agreement with Roche Molecular Systems, Inc.