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PLEASE FILL OUT FORM
 COMPLETELY



SWINE DIAGNOSTIC REQUEST FORM

Date Samples Collected	_____	Producer	_____
DVM	_____	Site	_____
Clinic	_____	Site Address	_____
Address	_____	City, State, Zip	_____
City, State, Zip	_____	Phone	_____
Phone	_____ Fax _____	Barn Premise ID	_____
DVM Email	_____	Age	_____ Weight _____
Clinic Email	_____	Group Size	_____ # Affected _____

Specimens *Newport Labs cannot accept samples from rabies suspects or from premises known to be infected with Brucellosis, TWE, TB or Q Fever*

Brain	Lung	Trachea	Heart	Liver	Kidney	Spleen	Lymph Node
Intestine	Colon	Feces	Serum	Oral fluid	Reproductive	Other	
Swab	Swab origin:			* Plate/Slant		Origin:	
				*only complete for isolates		Date of Isolation:	

History, Clinical Signs & Gross Lesions (check one)

Pneumonia Diarrhea Sudden Death CNS

Please provide details:

Test Requests

Note: Samples pooled for Mycoplasma & viral testing to reduce cost unless otherwise noted
 Check here to leave testing to discretion of the Diagnostician

Bacteriology

- Aerobic Culture
- Anaerobic Culture
- C. difficile Culture
- Salmonella Enrichment
- Antibiotic Sensitivity
- Fecal Float
- Gps Detection PCR

Viral

- PCV2 PCR
- PRRSV PCR
- IAV-S PCR
- Rotavirus PCR (A & C)
- Enterovirus PCR
- TGEV/PEDV/SDCV PCR
- Parvovirus PCR
- Virus Isolation (if PCR +)

For Lab Use Only

Mycoplasma

- Mycoplasma Multiplex PCR
- Mycoplasma Culture

Other

- Identify Isolate (plate, slant, broth)
- Histopathology (sent to reference lab)
- Sequencing

Case #:	Date Rec'd:	Courier:	Technician:
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