## **SWINE DIAGNOSTIC REQUEST**



Submission Date:		<u> </u>	RODUCER INFORMATION	<u>ON</u>
		Producer:		
Veterinarian:	<del></del>			
	<u> </u>			
		Phone:		
	<u> </u>			
			Farrow	Nursery
			Feeder	Finisher
	Phone Email Fax		Other (specify):	
VINE DESCRIPTI	ON:			
ecies, Age, Gende				
Symptoms & Ap				
Clin	ical History:			
J				
Tentative	e Diagnosis:			
Collection Date:	SAMPLE INFORMATION:	External Lab: Save Isolates:	YES NO	
Collection Date:	SAMPLE INFORMATION:  TISSUE SAMPLE TYPE & QUANITY:	Save Isolates:	YES NO	
Collection Date:  Brain:	SAMPLE INFORMATION:	Save Isolates: Lymph Node:		
Collection Date:  Brain: Lung:	SAMPLE INFORMATION:  TISSUE SAMPLE TYPE & QUANITY:	Save Isolates: Lymph Node: Intestine:	YESNO	
Collection Date:  Brain: Lung: Heart:	SAMPLE INFORMATION:  TISSUE SAMPLE TYPE & QUANITY:	Save Isolates: Lymph Node: Intestine: Colon:	YESNO	
Collection Date:  Brain: Lung: Heart: Liver:	SAMPLE INFORMATION:  TISSUE SAMPLE TYPE & QUANITY:	Save Isolates: Lymph Node: Intestine: Colon: Tonsil:	YESNO	
Collection Date:  Brain: Lung: Heart: Liver: Feces:	SAMPLE INFORMATION:  TISSUE SAMPLE TYPE & QUANITY:	Save Isolates: Lymph Node: Intestine: Colon: Tonsil: Fetus:	YESNO	

## **IMPORTANT SHIPPING INSTRUCTIONS!**

## SHIPMENTS:

All samples must be sent FEDEX or UPS PRIORITY OVERNIGHT DELIVERY.

Ship samples Monday - Thursday only (if you must ship on Friday for Saturday delivery please call prior to shipping).

Priority mail is not adequate for shipping samples.

## SAMPLE HANDLING:

Tissue samples must be double bagged in Ziploc-type bags to prevent leakage.

Samples should be pre-chilled in a refrigerator (5°C, not frozen) and shipped with frozen ice packs in an insulated container.