Carthage Diagnostic Laboratory

Shipping Address: Carthage Diagnostic Laboratory
980B Center Street
Carthage, IL 62321
Phone: (217)357-8304
Fax: (877)828-2608

OWNER_____

Veterinarian
_____
Address
_____
City, State, Zip
_____

Affiliates (list codes)
_____

Reporting Requests

☐ Phone _____

☐ Fax _____

☐ Email _____

ANIMAL LOCATION

Premises, Herd, Submission-Level Identifiers:

SITE NAME
_____
Address
_____
City, State, Zip
_____
County _____

Premises ID# _____ **Premises type:** _____

Vaccination Usage:
_____
Lot or Group ID _____
Source of Flow ID _____
Reference (Other) _____

Species: ☐ **Porcine** **Referring Clinic:** _____

SAMPLES

Collection Date _____ **No. of Samples** _____

Consecutively numbering samples (e.g. 1, 2, 3, 4, ...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

Sample ID #	Animal ID	Age (check unit) ☐d ☐wk ☐mo ☐yr	Location (Other)	Sex	Weight (lb.)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Carthage Diagnostic Laboratory

Sample ID #	Animal ID	Age (check unit) ☐d ☐wk ☐mo ☐yr	Location (Other)	Sex	Weight (lb.)
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

SAMPLE TYPE	Serum	Oral Fluids	Blood Swab	Nasal Swab	Feces	Fecal Swabs	Environmental	Other
CONSECUTIVE SAMPLE ID#'S	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___	___ to ___

*All samples will be tested for each assay requested unless noted in the column "Test Samples #'s"

Serology **Test Sample #'s**

☐ M. hyopneumoniae ELISA _____

☐ PRRS ELISA _____

Molecular

* Samples tested individually, unless otherwise indicated.

☐ Pool all samples in groups of _____ (≤ 5)

PCR	Test Sample #'s	Test Individually	Pool (≤ 5)	Test Positive Pools Individually
☐ IAV Screen	_____	☐	☐_____	☐
☐ IAV Subtype	_____	☐	☐_____	☐
☐ M. hyopneumoniae	_____	☐	☐_____	☐
☐ PED/PDCoV/TGE	_____	☐	☐_____	☐
☐ PRRSv	_____	☐	☐_____	☐
☐_____	_____	☐	☐_____	☐
☐_____	_____	☐	☐_____	☐
☐_____	_____	☐	☐_____	☐
☐_____	_____	☐	☐_____	☐

Additional Information or Test Requests: