*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:** ______________

Reference (Other) ______________________
Lot or Group ID ______________________
**Source of Flow ID** ______________________

**Species:** [X] **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 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |

| SAMPLE TYPE | Serum | Oral Fluids | Blood Swab | Nasal Swab | Feces | Fecal Swabs | Enviro-nmental | 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 Sample #'s"**

## Serology

| | Test Sample #'s |
|---|---|
| ☐ M. hyopneumoniae ELISA | ______ |
| ☐ PRRS ELISA | ______ |

## Bacteriology

| | Test Sample #'s |
|---|---|
| ☐ Bacterial Isolation | ______ |
| ☐ Isolate Growth confirmation | ______ |
| Expected Organism(s) | ______ |

## Molecular

* *Samples tested individually, unless otherwise indicated.*

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

| PCR | Test Sample #'s | Test Individually | Pool (≤5) | Test Positive Pool Individually |
|---|---|---|---|---|
| ☐ IAV Screen | ______ | ☐ | ☐ ______ | ☐ |
| ☐ M. hyopneumoniae | ______ | ☐ | ☐ ______ | ☐ |
| ☐ PED/PDCoV/TGE | ______ | ☐ | ☐ ______ | ☐ |
| ☐ PRRS ( NA / EU ) | ______ | ☐ | ☐ ______ | ☐ |
| ☐ ______ | ______ | ☐ | ☐ ______ | ☐ |
| ☐ ______ | ______ | ☐ | ☐ ______ | ☐ |
| ☐ ______ | ______ | ☐ | ☐ ______ | ☐ |

**Additional Information or Test Requests:**