

ALL SPECIES HERD HEALTH FORM

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Animal Disease Research & Diagnostic Lab
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Accession Number _____

Date _____

Vander Poo
Pipestone Vet Services
1300 S Hwy 75
Pipestone State MN Zip 56164
507-825-4211 Fax _____

Owner Red Willow Colony
Premise ID _____
City White
State SD Zip _____
Phone _____ Fax _____
Collected on _____ Collected by _____
Species Porcine Number Submitted _____

- s) Serum Semen Feces Fluid Environmental sample
 Whole Blood (EDTA Tube) Oral Fluid/Saliva Raw Milk Swab
 Whole Blood Saline (swab) Ear Notch Extended Eggs Other _____

Serology

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Anaplasmosis ELISA | <input type="checkbox"/> BRSV SN [†] | <input type="checkbox"/> PEDV IFA | <input type="checkbox"/> PRRSV US IFA | <input type="checkbox"/> FeLV/FIV |
| <input type="checkbox"/> Blue Tongue ELISA | <input type="checkbox"/> BVDV Type 1 SN [†] | <input type="checkbox"/> Mycoplasma ELISA | <input type="checkbox"/> PRRSV Euro IFA | <input type="checkbox"/> FIP ELISA |
| <input type="checkbox"/> BLV ELISA | <input type="checkbox"/> BVDV Type 2 SN [†] | <i>Please run DAKO, if</i> | <input type="checkbox"/> PRV ELISA | <input type="checkbox"/> Brucella canis |
| <input type="checkbox"/> Brucella abortus | <input type="checkbox"/> IBR SN [†] | <input type="checkbox"/> Positive | <input type="checkbox"/> SIV NP ELISA | <input type="checkbox"/> Avian Influenza AGID |
| <input type="checkbox"/> BVD A.C.E. | <input type="checkbox"/> PI3 SN [†] | <input type="checkbox"/> Suspect | <input type="checkbox"/> EHD AGID | <input type="checkbox"/> Avian Influenza AGID |
| <i>(Serum, Ear Notch)</i> | <input type="checkbox"/> Neospora ELISA | <input checked="" type="checkbox"/> PRRSV ELISA | <input type="checkbox"/> EIA - Use Federal Form | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Johne's Disease ELISA | | <i>If positive, run</i> | <input type="checkbox"/> Brucella ovis ELISA | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Leptospira MAT | | <input type="checkbox"/> PRRSV US IFA | <input type="checkbox"/> OPP/CAE | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> PRRSV Euro IFA | | SN [†] = Serum Neutralization |

Molecular Diagnostics (PCR) Additional tests currently available: Classical Swine Fever, Exotic Newcastle Disease, and FMD. Call the laboratory for details.

	Individual	Pool in (maximum 5)	Test Positive Pools Individually
<input type="checkbox"/> BRSV / BCV multiplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bluetongue Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BVDV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BVDV / BHV - 1 multiplex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BVDV Typing PCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Circovirus- Type 2 Qualitative (CT value)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Circovirus- Type 2 Quantitative (copies/ml)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Epizootic Hemorrhagic Disease Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Johne's Disease -Feces or Intestines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lawsonia intracellularis -Feces or Intestines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leptospira	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mycoplasma hyopneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PEDV / TGEV / PDCoV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PEDV S1 Sequencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Porcine Rotavirus A, B, C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Porcine Parvovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> PRRSV PCR NA/EU Qualitative (CT value)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> PRRSV PCR NA/EU Quantitative (copies/ml)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PRRSV Sequencing & Predicted RFLP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Influenza A Matrix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Seneca Valley Virus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SIV- Sequencing <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tritrichomonas foetus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BLV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Clostridium perfringens [†] see key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> E coli (Genotyping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mycoplasma bovis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key:
 * =Serum=10 max, Blood=20 max, Ear Notch=20 max, Milk (bulk) do not pool.
 † =Genotyping: requires positive culture first.
 ‡ = Check with individual state regulations before pooling.

Bacteriology: Campylobacter Johne's Disease - Culture = 8 weeks

Comments/Special Requests: (Please use all species herd health form ID sheet for animal IDs).

G: H Testing

