

# ALL SPECIES HERD HEALTH FORM

**Dakota State University**  
**il Disease Research & Diagnostic Lab**  
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 ings, SD 57007

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Accession Number \_\_\_\_\_

Date \_\_\_\_\_

Dr. Jennifer Malkus  
Sarah Nellie Freeman

**Owner** Roger Regher

**Premise ID** 001

**City** Madison

**State** SD **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Collected on** \_\_\_\_\_ **Collected by** \_\_\_\_\_

**Species** Ovme **Number Submitted** 3 BS AB

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

**Serology**

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> Anaplasmosis ELISA    | <input type="checkbox"/> BRSV SN <sup>ψ</sup>        | <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 <sup>ψ</sup> | <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 <sup>ψ</sup> | <i>Please run DAKO, if</i>                | <input type="checkbox"/> PRV ELISA                      | <input type="checkbox"/> Brucella canis       |
| <input type="checkbox"/> Brucella abortus      | <input type="checkbox"/> BVDV Type 2 SN <sup>ψ</sup> | <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"/> IBR SN <sup>ψ</sup>         | <input type="checkbox"/> Suspect          | <input type="checkbox"/> EHD AGID                       | <i>(Serum, Eggs)</i>                          |
| <i>(Serum, Ear Notch)</i>                      | <input type="checkbox"/> PI3 SN <sup>ψ</sup>         | <input type="checkbox"/> PRRSV ELISA      | <input type="checkbox"/> EIA - Use Federal Form         | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Johne's Disease ELISA | <input type="checkbox"/> Neospora ELISA              | <i>If positive, run</i>                   | <input checked="" 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                        | SN <sup>ψ</sup> = Serum Neutralization        |
|  |  | <input type="checkbox"/> PRRSV Euro IFA   |   |   |

**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"/> * see key
<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"/> * see key
<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 type="checkbox"/> PRRSV PCR NA/EU Qualitative (CT value)	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 <sup>† see key</sup>	<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).



# All Species Herd Health ID Submission Sheet

Page \_\_\_\_ of \_\_\_\_  
Premise ID: \_\_\_\_\_

South Dakota State University

Please submit electronic copy to: [sdsu.adrdl@sdstate.edu](mailto:sdsu.adrdl@sdstate.edu)

	Tube #	Specimen ID	Breed	Age	Sex
1	1	2102			
2	2	2104			
3	3	2105			
4					
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