

# ALL SPECIES HERD HEALTH FORM

**South Dakota State University**  
**Animal Disease Research & Diagnostic Lab**  
 100 North Campus Drive  
 Brookings, SD 57007

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 email: sdsu.adrdl@sdsu.edu  
 website: <http://sdsu.edu/vs>

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

Date \_\_\_\_\_

Stephanie Smith  
Hosmer Vet

Owner Rick Smith

Premise ID \_\_\_\_\_

City Hayti

State \_\_\_\_\_ Zip 57448

State SD Zip 57241

Fax \_\_\_\_\_

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

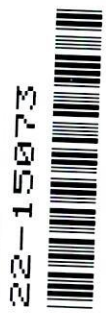
Collected on \_\_\_\_\_

Collected by SS

Species \_\_\_\_\_

Number Submitted 8 BS

- |  |  |                                   |                                |                                      |   |
|--|--|-----------------------------------|--------------------------------|--------------------------------------|---|
| <input type="checkbox"/> (s)                 | <input type="checkbox"/> Serum             | <input type="checkbox"/> Semen    | <input type="checkbox"/> Feces | <input type="checkbox"/> Fluid       | <input type="checkbox"/> Environmental sample |
| <input type="checkbox"/> Blood (EDTA Tube)   | <input type="checkbox"/> Oral Fluid/Saliva | <input type="checkbox"/> Raw      | <input type="checkbox"/> Milk  | <input type="checkbox"/> Swab        |   |
| <input type="checkbox"/> Blood Saline (swab) | <input type="checkbox"/> Ear Notch         | <input type="checkbox"/> Extended | <input type="checkbox"/> Eggs  | <input type="checkbox"/> 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> | <input type="checkbox"/> Positive         | <input type="checkbox"/> PRV ELISA                      | <input type="checkbox"/> Brucella canis                     |
| <input type="checkbox"/> Brucella abortus      | <input type="checkbox"/> IBR SN <sup>ψ</sup>         | <input type="checkbox"/> Suspect          | <input type="checkbox"/> SIV NP ELISA                   | <input type="checkbox"/> Avian Influenza AGID               |
| <input type="checkbox"/> BVD A.C.E.            | <input type="checkbox"/> PI3 SN <sup>ψ</sup>         | <input type="checkbox"/> PRRSV ELISA      | <input type="checkbox"/> EHD AGID                       | <input type="checkbox"/> Avian Influenza AGID (Serum, Eggs) |
| <input type="checkbox"/> (Serum, Ear Notch)    | <input type="checkbox"/> Neospora ELISA              | <input type="checkbox"/> If positive, run | <input type="checkbox"/> EIA - Use Federal Form         | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Johne's Disease ELISA |  | <input type="checkbox"/> PRRSV US IFA     | <input checked="" type="checkbox"/> Brucella ovis ELISA | <input type="checkbox"/> Other _____                        |
| <input type="checkbox"/> Leptospira MAT        |  | <input type="checkbox"/> PRRSV Euro IFA   | <input type="checkbox"/> OPP/CAE                        | <input type="checkbox"/> Other _____                        |
- 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 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>†</sup> 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).

This is not an official Federal test form. Use Laboratory VS Forms for Brucellosis and EIA. The ADRDL is an accredited AAVLCD Laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of ADRDL. At no additional expense to our clients, specimens submitted to the ADRDL may be subjected to additional testing upon the order of state or federal animal health officials, or when a Foreign Animal Disease is suspected, or in support of surveillance for other animal diseases.



# All Species Herd Health ID Submission Sheet

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

South Dakota State University

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

	Tube #	Specimen ID	Breed	Age	Sex
1	191		Hampshire	1yr	M
2	194				
3	211				
4	212				
5	214				
6	1782				
7	228				
8	1792				
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