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A Boehringer Ingelheim Company SWINE DIAGNOSTIC REQUEST FORM

Date: _____	Producer: _____
Veterinarian: _____	Site/Barn: _____
Clinic _____	Site Address: _____
Address: _____	City, State, Zip: _____
City, State, Zip: _____	Phone: _____ Species: _____
Phone: _____ FAX: _____	Age/Lbs: _____ Herd Size: _____
E-mail: _____	
Tentative Diagnosis: _____	

History & Clinical Signs: (Diarrhea, pneumoniae, CNS, post mortem findings, etc.)

Newport Labs cannot accept samples from Rabies suspects or from premises known to be infected with Brucellosis and/or Q Fever

Tissues Submitted:

Include number of each if applicable.

Brain _____	_____	Aerobic Culture
Lung _____	_____	Anaerobic Culture
Heart _____	_____	<i>C. difficile</i> Culture
Liver _____	_____	Antibiotic Sensitivity
Kidney _____	_____	
Spleen _____	_____	Mycoplasma Multiplex PCR
Lymph Node _____	_____	(hyorhinis, hyopneumoniae, hyosynoviae)
Intestine _____	_____	Mycoplasma Culture
Colon _____	_____	
Feces _____	_____	PCV2 Quantitative PCR
Fetus _____	_____	PCV2 VI
Tonsil _____	_____	PCV2 Sequencing
Plate/Slant _____	_____	PEDV VI
Origin _____	_____	PEDV Sequencing
Isolation Date _____	_____	
		PRRSV Quant Multiplex PCR
Swab Origin _____	_____	PRRSV VI
No. Submitted _____	_____	PRRSV Sequencing
Other _____	_____	SIV Quantitative PCR
Save Isolates _____	_____	SIV VI
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	SIV Full Genome Sequencing

Examination Requests

_____	ID Submitted Organism
_____	Need isolation date & origin of isolate
_____	Histology (circle) - lung, liver, kidney spleen, intestine, other
_____	A. suis toxin PCR
_____	App Typing PCR
_____	<i>C. perf</i> Toxin Gene Typing PCR
_____	<i>C. perf</i> Sequencing
_____	<i>C. difficile</i> Toxin Genes
_____	Coccidia Smear
_____	E.coli Type and Toxin Test
_____	Enterovirus PCR
_____	Enterovirus VI
_____	Fecal Exam
_____	Hps Detection PCR
_____	Hps Sequencing
_____	PRCV/TGEV PCR
_____	Rotavirus Groups A, B, C
_____	Rotavirus Group A VI
_____	Rotavirus Sequencing
_____	Salmonella Sequencing (<i>serotype</i>)
_____	Strep suis Sequencing
_____	TGEV/PEDV PCR

Case #	Date Rec'd	Courier	Technician
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PCR service is performed pursuant to an agreement with Roche Molecular Systems, Inc.