SUBMISSION FORM - SWINE

DEMETER Laboratory

845, Marie-Victorin, unit 38
Levis (Qc) G7A 3S8
Toll Free: 1-877-847-5411
418-836-0744, ext. 240
lab@demetersv.com

REF. #

HERD / OWNER IDENTIFICATION

Farm / Business:

Site:

Site Address:

Production: ☐ Sow unit ☐ Nursery ☐ Finishing ☐ Other: _____

Owner:

CLINICAL INFORMATION

Case type: ☐ Clinical case ☐ Monitoring / prevention ☐ Quarantine ☐ Vaccination monitoring
☐ Other: _____

Vaccine	Dose (ml)	Date of vaccination

Anamnesis:

REQUESTED TESTS

☐ **URGENT**
(FEES MAY APPLY)

PCR		ELISA			SEQUENCING
Virus			**Indiv.**	**Pool in 2**	☐ PRRSv ORF5
☐ PRRSv	☐ Indiv. ☐ Pool of ☐	☐ PRRS - IDEXX	☐	☐	☐ Influenza A, H1/H3
☐ PEDv/TGEv/SDCV (triplex)	☐ Indiv. ☐ Pool of ☐	☐ *M. hyopneumoniae* - IDEXX			**Others**
☐ Circovirus duplex PCV2/PCV3	☐ Indiv. ☐ Pool of ☐	☐ *M. hyopneumoniae* - IDVET			☐ Particle size analysis
☐ Influenza A	☐ Indiv. ☐ Pool of ☐	☐ PCV2 - BIOCHEK			☐ Vomitoxin (DON)
☐ Influenza A, typing H1/H3	☐ Indiv. ☐ Pool of ☐	☐ *Lawsonia* - External lab			☐ Biochemistry - Vetscan VS2 – Large Animal Profile
☐ Senecavirus A	☐ Indiv. ☐ Pool of ☐	Other test(s) (external lab):			
Bacteria					
☐ *Mycoplasma hyopneumoniae*	☐ Indiv. ☐ Pool of ☐				
☐ *Serratia marcescens*	☐ Indiv. ☐ Pool of ☐				

COMMENTS

Signature: _____ Date: _____

LABORATORY USE ONLY

Date of arrival:	Received by:	#RMA:
Notes:		

VETERINARIAN

SAMPLE INFORMATION

Date of sampling:

Sample type:

☐ Blood/serum (red tube)
☐ Blood/plasma (green heparin tube)
☐ Saliva
☐ Lingual fluid
☐ Processing fluids
☐ Swab: _____
☐ Wipe: _____
☐ Pharyngeal mucus (probe)
☐ Environment
☐ Feed/ingredient
☐ Feces
☐ Tissue: _____
☐ Other: _____

No	ID	Age / Parity
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		