Admin Fax: 507-372-2565

Strep suis Sequencing

TGEV/PEDV PCR



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SWINE DIAGNOSTIC REQUEST FORM Date: Producer:_____ Veterinarian: Site/Barn: Clinic Site Address: City, State, Zip:_____ Address: Phone: Species: City, State, Zip:_____ 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: Examination Requests** Include number of each if applicable. Brain Aerobic Culture **ID Submitted Organism** Anaerobic Culture Lung Need isolation date & origin of isolate C. difficile Culture Heart Histology (circle) - lung, liver, kidney **Antibiotic Sensitivity** Liver spleen, intestine, other Kidney A. suis toxin PCR Mycoplasma Multiplex PCR App Typing PCR Spleen (hyorhinis, hyopneumoniae, hyosynoviae) Lymph Node C. perf Toxin Gene Typing PCR Intestine Mycoplasma Culture C. perf Sequencing Colon C. difficile Toxin Genes PCV2 Quantitative PCR **Feces** Coccidia Smear **Fetus** PCV2 VI E.coli Type and Toxin Test **Enterovirus PCR** Tonsil **PCV2 Sequencing Enterovirus VI** Plate/Slant PEDV VI Fecal Exam Origin **PEDV Sequencing Hps Detection PCR Isolation Date Hps Sequencing** PRRSV Quant Multiplex PCR PRCV/TGEV PCR Swab Origin PRRSV VI Rotavirus Groups A, B, C No. Submitted **PRRSV Sequencing** Rotavirus Group A VI **Rotavirus Sequencing** Other **IAV-S Quantitative PCR** Salmonella Sequencing (serotype)

Case # Date Rec'd Courier Technician

IAV-S Full Genome Sequencing

IAV-S VI

Save Isolates

□ Yes

□ No