

# SUBMISSION FORM - SWINE



**DEMETER  
LAB**

845-38, route Marie-Victorin, Lévis (Qc) G7A 3S8  
418-836-0744 or 1-877-847-5411, ext 240  
analyse@demetersv.com

HERD / OWNER IDENTIFICATION				
Farm:				
Site:				
Site Address:				
Production:	Sow unit	Nursery	Finishing	Other _____
Owner:				

<b>REF. #</b>
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CLINICAL INFORMATION			
Case type:	Clinical case Quarantine	Monitoring / prevention Vaccination monitoring	Other _____
Vaccine	Dose (mL)	Date of vaccination	
Anamnesis			

VETERINARIAN	
Dr. Martin Bonneau	Dr. Isabelle Sénéchal
Dr. Robert Charette	Dr. Karine Talbot
Dr. Melissa Desrochers	Dr. Ryan Tenbergen
Dr. Sara G.-Brousseau	Dr. Dorine Tremblay
Dr. Sylvain Messier	Dr. Simon Vaillancourt
Dr. Allister Scorgie	

NOTES
Site:
Vet:
Invoicing:

TESTS REQUESTED			URGENT
PCR	ELISA	SEQUENCING	
<b>Virus</b>	PRRS - IDEXX <small>indiv. pool of 2</small>	PRRSv ORF5	
PRRSv <small>indiv. pool of</small>	<i>M. hyopneumoniae</i> - IDEXX	Influenza A, H1/H3	
PEDv / TEGv / SDCV (triplex) <small>indiv. pool of</small>	<i>M. hyopneumoniae</i> - Hipra	Influenza A, N1/N2	
Circovirus type 2 (PCV2) <small>indiv. pool of</small>	<i>M. hyopneumoniae</i> - Dako	<b>OTHER</b>	
Circovirus duplex PCV2/PCV3 <small>indiv. pool of</small>	Influenza A (MS) - IDEXX		
Influenza A <small>indiv. pool of</small>	PCV2 IgG / IgM - Ingenasa	Particule size	
PRRSv / Influenza A (duplex) <small>indiv. pool of</small>	<i>Lawsonia</i> (ileitis) - Svanova	Store serum for autovaccine	
Influenza A, typing H1/H3 <small>indiv. pool of</small>	Erysipelas (SE) - Hipra		
Influenza A, typing N1/N2 <small>indiv. pool of</small>	<i>H. parasuis</i> (HPS) - BioChek	Fecal egg detection (Wisconsin)	
Senecavirus A <small>indiv. pool of</small>			
Rotavirus A, C <small>indiv. pool of</small>	Other test(s) (external lab):		
Rotavirus B <small>indiv. pool of</small>			
<b>Bacteria</b>			
<i>Mycoplasma hyopneumoniae</i> <small>indiv. pool of</small>			
<i>Mycoplasma hyop.</i> / <i>M. hyor.</i> / <i>M. hyos.</i> (triplex) <small>indiv. pool of</small>			
<i>Salmonella</i> spp. / <i>S. enteritidis</i> / <i>S. typhimurium</i> (triplex) <small>indiv. pool of</small>			

SAMPLE INFORMATION					
Date of sampling:					
Sample type:	W. blood	Serum	Saliva	Tissue	Feces
	Snout wipe	Nasal swab	Environ.		
No	ID	Age / Parity			
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COMMENTS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LABORATORY USE ONLY		
Date of receipt:	Received by:	# RMA:
Notes		