

# Porcine Form

Veterinary Diagnostic Services  
545 University Crescent, Winnipeg, Manitoba R3T 5S6  
P: 204-945-8220 F: 204-948-2654 E: vetlab@gov.mb.ca  
W: www.manitoba.ca/agriculture/vds



Routine     Legal     Rush (advanced notice and history required, fees apply) \_\_\_\_\_  
Referring veterinarian \_\_\_\_\_ Clinic/Institution (of referring veterinarian) \_\_\_\_\_  
Alternative billing clinic (billed to clinic above if not otherwise specified) \_\_\_\_\_  
Additional report to (limit of one) \_\_\_\_\_

**Information including physical location and premises identification number are required for the purpose of effective reporting and traceability**

Owner/Farm name \_\_\_\_\_ Farm location \_\_\_\_\_  
(Legal Land Location and Municipality)  
Premises # \_\_\_\_\_ Reference (info to be included on report) \_\_\_\_\_  
Related case # \_\_\_\_\_ Sample collection date \_\_\_\_\_  
Animal ID \_\_\_\_\_ Age \_\_\_\_\_ d  w  m  y  Weight \_\_\_\_\_ Sex M  F

**History** (include production type, treatments, vaccinations, duration of problem, etc.)  continued on back page

If you are submitting more than 5 samples and require identification numbers on the report, you must submit a downloadable ID sheet to vetlab@gov.mb.ca before testing. The sheet is available on our website: www.manitoba.ca/agriculture/vds.

Samples submitted:

<input type="checkbox"/> Blood swabs _____	<input type="checkbox"/> Fresh _____
<input type="checkbox"/> Feces _____	<input type="checkbox"/> Serum _____
<input type="checkbox"/> Fixed _____	<input type="checkbox"/> Other _____

### ANATOMIC PATHOLOGY

- Histopathology
- Necropsy (gross examination)

### CLINICAL PATHOLOGY

#### Hematology

- CBC (differential and profile)
- Other \_\_\_\_\_

#### Biochemistry

- Complete profile
- Other \_\_\_\_\_

### MICROBIOLOGY

#### Bacteriology

- Clostridium difficile toxin ELISA
- Culture & sensitivity

#### Mycology

- Fungal culture

### MICROBIOLOGY (continued)

#### Parasitology

- Direct smear exam
- Fecal flotation
- Parasite ID

#### VIROLOGY

##### PCR/RPCR

- Brachyspira spp.
- Lawsonia intracellularis
- Leptospira spp.
- Mycoplasma hyopneumoniae
- Mycoplasma hyorhinis
- Mycoplasma hyosynoviae
- Mycoplasma suis
- PEDV
- Porcine circovirus-2 (PCV-2)
- Porcine circovirus-3 (PCV-3)
- Porcine Coronavirus Panel (PEDV, TGEV, Delta)

### VIROLOGY (continued)

#### PCR/RPCR (continued)

- Porcine parvovirus
- Porcine Rotavirus (A,B,C)
- Porcine sapovirus (SAPO)
- PRRSV
- Senecavirus A (SVV)
- Suid herpesvirus 2 (CMV)
- Swine Influenza A virus (SIV)

#### ELISA

- Mycoplasma hyopneumoniae
- PRRSV
- Swine Influenza A virus (SIV)
- TGEV/PRCV

**Send out: Please specify test & Referral Lab**

\_\_\_\_\_  
Name of submitter (please print)

**Veterinarian**

**Owner**

**Privacy Notice:**

By submitting this Form, the Submitter acknowledges and agrees that: (1) all information provided on this form is complete and true to the best of their knowledge; (2) if the Submitter is not the owner of the animal(s), then the Submitter is the authorized agent of the owner or has been authorized by the owner to submit this Form and the sample(s); (3) the Submitter consents to disclosures of submitted information and materials and test results to any persons or entities identified on this Form and any necessary persons and entities as required by legislation respecting reportable diseases and for the surveillance and protection of animal and human health; and (4) the Submitter has read and understands the notices on the Veterinary Diagnostic Services Laboratory (VDS) website respecting confidentiality, disclosure, privacy and ownership of submitted materials.

The personal information collected in this form is collected in accordance with the Privacy Notice on the VDS website. For more information on the Privacy Notice, please contact the Manitoba Agriculture's Access and Privacy Coordinator at 204-945-4823 or email [ardfippa@gov.mb.ca](mailto:ardfippa@gov.mb.ca).