

Swine Health Testing

Submission Form



Complete all pages of this form and mail it with samples to: **NEOGEN® Genomics, 4131 N 48th St, Lincoln, NE 68504**

Veterinarian Information

Veterinarian: _____
 Clinic: _____
 Phone: _____
 Email: _____

Client/Owner Information

Client/owner: _____
 Farm/site: _____
 Premise ID: _____
 Number of samples submitted: _____

Sample Type

Serum Ear stick Environmental Oral fluids Processing fluids Body/genital wash Fecal Other

Test Requested

Multiplex PRRSV PCR (US/EU) PCV2/PCV3 PCR
 Swine Influenza Virus PCR US PRRSV quantitative PCR
 PEDV/PDCoV/TGEV multiplex PCR Seneca Valley Virus A PCR
 Mycoplasma hyopneumoniae PCR Porcine Parovirus PCR

Serology

PRRSV antibody ELISA
 Mycoplasma hyopneumoniae antibody ELISA

Turnaround Time			
Same Day		Next Day	Pool by (up to 5) _____
PRRSV PCR	PEDV/PDCoV/TGEV mPCR	All other	
<input type="checkbox"/> PRRSV AM rush (extra cost per reaction)			

Samples

Tube #	Animal ID	Date Bled/Collected	Barn/Room	Tube #	Animal ID	Date Bled/Collected	Barn/Room	Tube #	Animal ID	Date Bled/Collected	Barn/Room
1				11				21			
2				12				22			
3				13				23			
4				14				24			
5				15				25			
6				16				26			
7				17				27			
8				18				28			
9				19				29			
10				20				30			

Office Use Only	
Date received:	Received by:
Order number:	Task number:
Sample condition:	

Payment Information	
Name/ signature:	<input type="checkbox"/> Discover
Credit card number:	<input type="checkbox"/> Mastercard
	<input type="checkbox"/> Visa
Exp. date:	Three digit security code:



Swine Health Testing

Tube #	Animal ID	Date Bled/ Collected	Barn/ Room
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Tube #	Animal ID	Date Bled/ Collected	Barn/ Room
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Tube #	Animal ID	Date Bled/ Collected	Barn/ Room
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