

**Swine Submission Form**

Animal Health Laboratory  
NS Department of Agriculture

**Physical Address**

Hancock Building 65 River Rd.  
Bible Hill, NS B2N 2P3  
PH. (902) 893-6540 / Fax (902) 895-6684

**Mailing Address**

P.O. Box 890, Truro, NS  
B2N 5G6

**AHL LABORATORY ID****DATE RECEIVED****Date Sampled:****Date Submitted:****Sample Submitted by:**  Owner  Veterinarian Inspector  Other \_\_\_\_\_**Send Report to:**  Owner  Veterinarian  Inspector Other \_\_\_\_\_**How you would like to receive your report (check one)**  Email  Fax  Mail**Owner Information****Name:****Farm Name:****Address:****Postal Code:****Phone:****Fax:****Email:****Premise ID** \_\_\_\_\_**Identification** \_\_\_\_\_**Breed** \_\_\_\_\_**Sex** Male Female**Age** \_\_\_  days  weeks  months  years**Herd Information**

\_\_\_\_\_ Sows \_\_\_\_\_ Boars

\_\_\_\_\_ Nursery/Weaner \_\_\_\_\_ Finisher

**Number sick** \_\_\_\_\_**Number dead** \_\_\_\_\_**Duration of problem** days  weeks  months  years**Veterinarian:****Veterinary Clinic:****Email/Fax:****Number of Specimens****No. Sent** **Specimen Type** **No. Received**

\_\_\_\_\_ Whole Carcass \_\_\_\_\_

\_\_\_\_\_ Whole Blood \_\_\_\_\_

\_\_\_\_\_ Serum \_\_\_\_\_

\_\_\_\_\_ Urine \_\_\_\_\_

\_\_\_\_\_ Feces \_\_\_\_\_

\_\_\_\_\_ Fresh Tissue \_\_\_\_\_

\_\_\_\_\_ Fixed Tissue \_\_\_\_\_

\_\_\_\_\_ Fluid \_\_\_\_\_

\_\_\_\_\_ Swab \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_ \_\_\_\_\_

**Sample ID** \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**History and Special requests (additional space on back)**

(presenting illness, clinical signs, treatments, vaccinations etc)

 Euthanized Method \_\_\_\_\_**Pathology**

- Necropsy  
 Histopathology  
 \_\_\_\_\_

**Bacteriology**

- Aerobic culture  
 Aerobic culture/  
sensitivity  
 Anaerobic culture  
 KIS Test  
 \_\_\_\_\_  
 \_\_\_\_\_

**Virology**

- Rotavirus A,B,C PCR  
 PED/TGE/PDCoV PCR  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Serology**

- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Parasitology/Other**

- Fecal Flotation  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**History and Special requests**

**Laboratory Use Only:**

AHL Lab ID:	Verification of receipt in Lab
Specimen Type	No. Received in Lab
Whole Carcass	
Whole Blood	
Serum	
Urine	
Feces	
Fresh Tissue	
Fixed Tissue	
Fluid	
Swab	
Other:	
Other:	
Other:	

Received in lab by:	Date:
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