

SUBMITTING PRACTITIONER		COLLECTION SITE	
Name:		Collection Site Type:	1. Producer / farm 2. Market / Auction 3. Expo / Fair
Address:		National Premises ID:	
City: State: Zip:		Business Name:	Contact Person:
Phone:		911 Address:	
COLLECTION DATE:	mm / dd / yyyy	City:	State: Zip:
		Phone:	

INFORMATION ABOUT SICK ANIMALS		
Age Class	Vaccination Status	Reason for Submission (circle ONE item with the smallest number that applies, e.g. if both #1 and #4 are applicable, circle #1)
1. Sow / boar (breeding animals) 2. Grower / Finisher (8 wks to market) 3. Nursery (weaned to 8 wks) 4. Suckling	1. Not Vaccinated 2. Vaccinated 3. Unknown Vaccine used:	1. Diagnostic sick pig submission 2. Swine associated with a public health investigation 3. Sick pigs at concentration points or commingling events
Clinical Signs (circle ALL that apply)		Number of swine on premises:
1. Clear nasal discharge 2. Purulent nasal discharge 3. Respiratory distress 4. Coughing or sneezing 5. Fever / Pyrexia	6. Weight loss 7. Lethargy 8. Huddling / piling up 9. Abortion 10. Other:	Percent of swine with similar conditions as those submitted: 1. < 25% 2. 25 to 50% 3. > 50%

	Animal ID	Specimen ID	Specimen Type
1			1. Nasal swab 2. Lung tissue 3. Other:
2			1. Nasal swab 2. Lung tissue 3. Other:
3			1. Nasal swab 2. Lung tissue 3. Other:
4			1. Nasal swab 2. Lung tissue 3. Other:
5			1. Nasal swab 2. Lung tissue 3. Other:

LAB SUBMISISON	
Testing Lab Name:	Comments:
City: State: Zip:	
Date Shipped:	Number of Samples Shipped: