

Veterinarian (Collector) Name: _____ Address: _____ City: _____ State ____ Zip _____ Accred #: _____ Phone: _____	Testing Laboratory Name: Collection Date:
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Collection (Production) Site Information					
Premises Name:	Premises ID:	City:	State:	Zip:	GPS Location N: _____ GPS Location W: (-) _____
Reason for Submission: ___ waste feeding operation ___ premises w/ known or suspect feral swine exposure ___ high risk premises ___ sero-testing / traceback		Collection Site Type: ___ farm ___ waste feeding operation ___ market / auction ___ small slaughter establishment		For Waste Feeding Operations Waste Feeder License #: Type of waste food: ___ waste with meat ___ waste without meat	

Animal and Specimen Information					
*Other specimen type may be nasal swab, tonsil, tonsil scraping, meat juice, lung, brain, spleen, lymph, whole blood (EDTA) or whole blood heparin					
Animal ID	Bar Code	Age Class: ___ fetus ___ juv / nursery ___ subadult/grower-finisher ___ adult/ sow, boar	Clinical Signs: ___ abortion ___ wasting ___ CNS signs ___ diarrhea ___ fever ___ none ___ respiratory ___ septicemic lesions	Specimen Type: ___ serum other:	Condition to Test: ___ CSF ___ PRV
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Remarks: _____

Date samples shipped to testing lab: _____ Number of samples shipped: _____

Name of Submitter: _____ Submitter Phone Number: _____

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