

Pig Laboratory Request Form

Submitter:
 Address:
 Phone:
 Email:

Farm:
 Address: PIC:

Species: Breed:
 Collection date:

Results to be forwarded to (please include name/email):

 Account to: Submitter / Farm (tick choice.)

Number of samples submitted:
 Samples submitted by (Sign):

Sample No.	Identification	Age	Sample Type	Tests Required

History:

Tests Required (please tick):

Biochemistry/ Haematology

Sick Pig Profile
 Haemogram
 Electrolytes (Ca, Mg, P04)
 Other

Serology

M. hyopneumoniae
 APP (APX IV Screen 5a5b 4-7)
 Ileitis
 Parvovirus
 PCV2

Microbiology

C&S aerobic
 C&S aerobic/anaerobic
 Brachyspira
 Yersinia
 Scour Package
 Fungal

PM/Histopathology

Histopathology
 Cytology
 Body Fluid Analysis

Parasitology

Faecal Egg Count
 Coccidia
 Cryptosporidium

PCR

APP
 E. coli Toxins
 Enteric
 E. rhusiopathiae
 H. parasuis
 Mycoplasma spp.
 M. hyopneumoniae hyorhinus hyosynoviae
 P. multocida
 PCV2