

CSF Surveillance Submission Form for Diagnostic Laboratories		Page of
Submitting Laboratory Info: Laboratory ID: <u>2.16.840.1.113883.3.5.1.█</u> Laboratory Name: _____	Testing Laboratory Info: Laboratory ID: <u>2.16.840.1.113883.3.5.1.█</u> Laboratory Name: _____	CSF Referral Number:

Pig 1	Submitting Lab Accession #:	Animal ID:		
Submitting Practitioner Information		Production Site Info		
Name: Last, First		State:		National Prem ID
				State
				Zip
Phone:		Zip:		Date Collected: <u> </u> mm <u> </u> / <u> </u> dd <u> </u> / <u> </u> yyyy
Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below
1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____
Reason for Submission (Circle one only)				
1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission				

Pig 2	Submitting Lab Accession #:	Animal ID:		
Submitting Practitioner Information		Production Site Info		
Name: Last, First		State:		National Prem ID
				State
				Zip
Phone:		Zip:		Date Collected: <u> </u> mm <u> </u> / <u> </u> dd <u> </u> / <u> </u> yyyy
Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below
1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____
Reason for Submission (Circle one only)				
1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission				

Pig 3	Submitting Lab Accession #:	Animal ID:		
Submitting Practitioner Information		Production Site Info		
Name: Last, First		State:		National Prem ID
				State
				Zip
Phone:		Zip:		Date Collected: <u> </u> mm <u> </u> / <u> </u> dd <u> </u> / <u> </u> yyyy
Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below
1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____
Reason for Submission (Circle one only)				
1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission				

Pig 4	Submitting Lab Accession #:	Animal ID:		
Submitting Practitioner Information		Production Site Info		
Name: Last, First		State:		National Prem ID
				State
				Zip
Phone:		Zip:		Date Collected: <u> </u> mm <u> </u> / <u> </u> dd <u> </u> / <u> </u> yyyy
Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below		Place specimen barcode here and then select specimen type below
1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____		1. Nasal swab 2. Tonsil scraping 3. Tonsil 4. Other: _____
Reason for Submission (Circle one only)				
1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission				

Date Samples Shipped to Testing Lab: / /

Number of Samples Shipped:

Name of Submitter: _____

