



Porcine Reproductive and Respiratory Virus Porcine Circovirus Type 2 testing submission form

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For laboratory use only:
 Date samples received _____
 Order ID _____ Task ID _____
 Sample condition _____

Veterinarian _____

Client/Owner _____

Clinic _____

Farm _____ Site _____

Tel. _____ Fax _____

e-mail _____

Number of samples submitted: _____

Sample type: serum whole blood ear-stick other save serum

Tests requested:

multiplex PRRSV PCR (US/EU)
 PRRSV PCR (US)
 PRRSV PCR (EU)
 PRRSV quantitative PCR
 PCV2 PCR

PRRSV antibody ELISA
Mycoplasma hyopneumoniae
 antibody ELISA

final results

requested by:

same day
 next day

pool by (up to 5) _____

samples											
tube No	animal ID	date bled	barn/ room	tube No	animal ID	date bled	barn/ room	tube No	animal ID	date bled	barn/ room
1				21				41			
2				22				42			
3				23				43			
4				24				44			
5				25				45			
6				26				46			
7				27				47			
8				28				48			
9				29				49			
10				30				50			
11				31				51			
12				32				52			
13				33				53			
14				34				54			
15				35				55			
16				36				56			
17				37				57			
18				38				58			
19				39				59			
20				40				60			