



SWINE SUBMISSION FORM

Animal Health Laboratory
 Hancock Veterinary Building – 65 Sipu Awti, Bible Hill, NS B2N 2P3
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 animalhealthlab@novascotia.ca
 www.novascotia.ca/agriculture-labs

Accession Number:

(LAB USE ONLY)

***Submitter Information**

Owner _____ Address _____ Email _____
 Veterinarian/Clinic _____ Other (Name/Email) _____

Billing To: Owner Veterinarian Other
 Report To: Owner Veterinarian Other

***Date Submitted:** _____ ***Date Sampled:** _____

*Identification:	Premise ID:
Breed: _____ *Age: _____ <input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> months <input type="checkbox"/> years	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Herd Information: _____ Sows _____ Boars _____ Nursery/Weaner _____ Finisher

*History & Special Requests (additional space on back)	*Specimen ID	*Specimen Type	*No. Sent	No. Recd
Presenting illnesses, clinical signs, treatments, vaccinations, etc. No. at risk _____ No. sick _____ No. dead _____ Duration of problem _____ (days, weeks, months, years)	List each ID individually *If more than 10 specimens email a spreadsheet with IDs	<input type="checkbox"/> Carcass <input type="checkbox"/> Feces <input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Fluid <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Serum <input type="checkbox"/> Swab <input type="checkbox"/> Whole Blood <input type="checkbox"/> Other (specify): _____		
<input type="checkbox"/> Euthanized Method _____				

***Test Information**

Pathology <input type="checkbox"/> Necropsy <input type="checkbox"/> Histopathology	Bacteriology <input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Aerobic Culture & Susceptibility	Parasitology <input type="checkbox"/> Fecal flotation	Referral/Other <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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Date Received: _____	Received By: _____	Case Coordinator: _____
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Results derived from testing may be used for statistical surveillance of animal health in Nova Scotia. Laboratory Services complies with the Federal Health of Animals Act. Laboratory Services will make all reasonable efforts to keep personal information confidential and not disclose personal identifiers. Specimens are analyzed as provided. The laboratory takes no responsibility for the accuracy of information submitted.

* = Required Information

History and Special Requests

[Empty text area for History and Special Requests]

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