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| 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: ___ production: ___ 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 ___ whole blood ___ oral swab other: _____ | Condition to Test: ___ CSF ___ PRV ___ ASF ___ FMD |
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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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