CAMBRIDGE TECHNOLOGIES
PRECISION VACCINOLOGY

LABORATORY USE ONLY CASE NO.
INITIALS

1527 PRAIRIE DRIVE | WORTHINGTON, MN | 56187
507.372.3560 | 877.298.1321 | INFO@CAMBRIDGETECHNOLOGIES.COM

SWINE DIAGNOSTIC REQUEST FORM

DATE:_____ OWNER: _____

VETERINARIAN: _____ ADDRESS: _____

CLINIC: _____ CITY, STATE & ZIP:_____

ADDRESS: _____ SITE NAME: _____

CITY, STATE & ZIP: _____ ADDRESS: _____

PHONE: _____ CITY, STATE & ZIP: _____

EMAIL: _____ PREMISE ID: _____

TISSUES SUBMITTED

☐ Brain ☐ Heart ☐ Lung ☐ Liver ☐ Kidney ☐ Spleen ☐ Lymph Node ☐ Intestine

☐ Serum ☐ Blood ☐ Feces _____#of Swabs Swabs Origin Save Isolates: ☐ Yes ☐ No

EXAMINATION REQUESTS

☐ LEAVE TO THE DISCRETION OF DIAGNOSTICIAN

Please note that samples will be pooled in groups of ≤5 for PCR, Mycoplasma culture, and VI testing, unless otherwise specified.

RESPIRATORY

- ☐ Aerobic Culture
- ☐ Sensitivity
- ☐ Mycoplasma Multiplex qPCR
- ☐ Mycoplasma Isolation
- ☐ M. hyopneumoniae IDEXX ELISA
- ☐ Influenza A Virus qPCR
- ☐ PCV2/PCV3 Multiplex qPCR
- ☐ PRRSV qPCR
- ☐ Influenza A Virus IDEXX ELISA
- ☐ PRRS IDEXX ELISA
  - ☐ ORAL FLUIDS ☐ SERUM
- ☐ Virus Isolation (if PCR +)

GENERAL

- ☐ ID ONLY
- ☐ Histopathology (additional fees apply)
- ☐ Metagenomic Sequencing
- ☐ Compliance Marker ELISA

ENTERIC

- ☐ Aerobic Culture
- ☐ Anaerobic Culture
- ☐ Sensitivity
- ☐ Salmonella Enrichment
- ☐ Crypto Smear
- ☐ Fecal Exam
- ☐ Rotavirus PCR
- ☐ PEDV/Delta Corona/TGEV Multiplex qPCR
- ☐ Virus Isolation (if PCR +)

SPECIES:

AGE:

CLINICAL SIGNS:

- ☐ ENTERIC
- ☐ LAMENESS
- ☐ RESPIRATORY
- ☐ SUDDEN DEATH
- ☐ CNS
- ☐ OTHER:

ADDITIONAL HISTORY & CLINICAL SIGNS:

LABORATORY USE ONLY

Sample ID#	Animal ID	Age (Check Unit) ❑ d ❑ wk ❑ mo ❑ yr ❑ adult ❑ NA	Location (Other)	Gender	Parity (#)
1					
2					
3					
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Sample ID#	Animal ID	Age (Check Unit) ❑ d ❑ wk ❑ mo ❑ yr ❑ adult ❑ NA	Location (Other)	Gender	Parity (#)
31					
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Additional Comments:

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