

Rollins Animal Disease Diagnostic Laboratory
1031 Mail Service Center
Raleigh NC 27699-1031
(919) 733-3986



**North Carolina Department of Agriculture
 & Consumer Services**
Veterinary Division
SWINE TEST CHART

Accession No.: _____ Date Received _____

Owner or Corporation

Premises or Farm Tested

Name: _____ Phone: _____
 Address: _____

Name: _____ Phone: _____
 Address: _____

Farm Number (QBSP) - - -

County

Date Bled
 M D Y

Mailing Address of Veterinarian
 Dr. _____

 Street

 City-St-Zip

REASONS FOR TESTS:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Diagnostic Test | <input type="checkbox"/> 6 Herd Addition | <input type="checkbox"/> 11 Quarantine Rel |
| <input type="checkbox"/> 2 Exhibition/Auction | <input type="checkbox"/> 7 Val/Qualified | <input type="checkbox"/> 12 Herd Clean-up |
| <input type="checkbox"/> 3 Circle Testing | <input type="checkbox"/> 8 PRV Monitoring Test | <input type="checkbox"/> 13 Infected Herd |
| <input type="checkbox"/> 4 Sentinel | <input type="checkbox"/> 9 Epidemiological | <input type="checkbox"/> 14 Retest Suspect |
| <input type="checkbox"/> 5 Trace Back | <input type="checkbox"/> 10 Other _____ | |

Summary of Pseudorabies (PRV) Results

No. Received _____ No. Not Tested _____
 No. Positive _____ Titer Range _____
 No. Suspects _____

Summary of Brucellosis Results

No. Received _____ No. Not Tested _____
 No. Reactors _____ No. Negative _____
 No. Suspects _____

TEST RESULTS

Tube No.	Identification Number	Age	Breed	Sex	PSEUDORABIES			PRV						BRU	
					Vacc Date	Vacc Manufacturer	Type of Vac.								
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

Breeding No. in Herd
 Feeding
 Nursery

Number Samples Fee-Basis Total

Technician Date

I certify that the information on this form concerning herd size and ownership, is true to the best of my knowledge. The listed animals were bled by

I certify that the information on this form is accurate and true to the best of my knowledge. I hereby request payment for these services when applicable according to agreement number _____

Dr. _____
 Veterinarian (Print)

 Veterinarian Signature ()
 Accred. Code

 Signature of Owner or Agent

Telephone No. _____

DISTRIBUTION:
 White copy: Laboratory
 Pink copy: Owner
 Yellow copy: Veterinarian

