



**Swine Pathology Submission Form**

<b>Veterinary Clinic:</b> _____ <b>Veterinarian:</b> _____ <b>Street Address:</b> _____ <b>City/State/ Zip:</b> _____ <b>Telephone No.:</b> _____ <b>Email Address:</b> _____ <input type="checkbox"/> Party Providing Payment *	<b>Owner:</b> _____ <b>Primary Contact:</b> _____ <b>Mailing Address:</b> _____ <b>City/State/ Zip:</b> _____ <b>Telephone No.:</b> _____ <b>Email Address:</b> _____ <input type="checkbox"/> Party Providing Payment *
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**Send Report to:**  Veterinary Clinic  Owner  Both      **Additional Report Email to:** \_\_\_\_\_

Animal Identification/Name: _____ Species: _____ Breed: _____ Sex: _____      Age : _____      Weight: _____ <b>Address of where housed, if different from submitter</b> _____ _____ _____	<b>Required Submission information:</b> <b>Outdoor Access (select one):</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No <b>Food Waste Feeding (select one):</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No <b>Herd Morbidity/Mortality (number of each):</b> _____ Sick, _____ Dead, _____ Unaffected (appear healthy) <b>Production Type (select one) :</b> <input type="checkbox"/> Breeder <input type="checkbox"/> Grower/Finisher <input type="checkbox"/> Show pig/4H <b>Death:</b> <input type="checkbox"/> Natural <input type="checkbox"/> Euthanasia Specify Method: _____
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<b>Herd History and Clinical Summary (Please check all that apply):</b> <input type="checkbox"/> Above normal mortality, sudden death(s) <input type="checkbox"/> Skin discoloration (hemorrhages, erythema, cyanosis; especially on ears, tail, lower legs) <input type="checkbox"/> Nasal bleeding (epistaxis) <input type="checkbox"/> High Fever <input type="checkbox"/> Respiratory illness (coughing, difficulty breathing, etc.) <input type="checkbox"/> Huddling or piling of pigs <input type="checkbox"/> Bloody diarrhea <input type="checkbox"/> Abortions <input type="checkbox"/> Central nervous system signs (especially young pigs; ex. congenital tremors, etc.)	<b>Disposition of Tissue:</b> <input type="checkbox"/> Communal cremation <input type="checkbox"/> Private Cremation (Additional cost as determine by the crematorium) <b>Specimen Information:</b> <input type="checkbox"/> Dead Animal (Fresh) <input type="checkbox"/> Dead Animal (Frozen) <input type="checkbox"/> Other, Specify _____ <b>Vaccination History:</b> <b>Clinical Diagnosis:</b> <b>Previous Accession No.:</b>
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**History and Clinical Summary:**

Specimens and samples submitted to the CVMDL for investigation\* become the property of the CVMDL. Samples and specimens may be tested as part of State/Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be used in the teaching of students, in professional publications, or in the development of new assays.  
\*Excludes tissues or clinical samples submitted by PIs as part of their research, or submissions of federally regulated species. Return of samples associated with federally regulated species or institutional collections will be arranged on a case by case basis.

<div style="border: 1px solid black; display: inline-block; padding: 2px;">Office Use</div>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">Pathologist(s) in charge:</div>
Received Date/Time/Staff Initials: _____	Submitted by: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Institution
Payment received: \$ _____ [ ] CC    [ ] Check (# _____)	<input type="checkbox"/> Courier, Specify _____    [ ] wi