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FOR MVP USE ONLY
Case No. _____
Date Received: _____
Received By: _____

Form for the Submission of Microbial Organisms

Veterinarian: _____
Clinic: _____
Address: _____
City: _____ State: _____
Telephone: _____
Fax: _____

Owner: _____
Address: _____

Please list the Organism(s), Isolation Date & Location of Isolation *i.e Diagnostic Lab, Clinic*

<u>Organism</u>	<u>Isolation Date</u>	<u>Location of Isolation</u>
1) _____		
2) _____		
3) _____		
4) _____		

Note: The Date of Isolation is required for our records if autogenous Bacterin production is requested.

Services Requested:

Serotyping () App () Ssuis () Haemophilus parasuis ()

Molecular Biology PCR:

- () Clostridium perfringens Genotyping (types A, B, C, D, E) (Cpe) (Beta 2) () Pasturella multocida Toxin Gene Detection
() Ecoli Pilus Gene Detection (F4, F5, F6, F18 ab cb, F41) () Ecoli Toxin Gene Detection (STa, STb, LT, SLT-1, SLT-2, VT2e)
() Mycoplasma (hyopneumoniae, hyorhinis, flocculare, bovis) Detection
() Haemophilus parasuis Genotyping

Autogenous Bacterin Production: YES____ NO____

NEW Bacterin: ____ Add to Existing Bacterin ____

of Doses ____

Special Vaccination Instructions: _____
