

Please Submit Samples To:
 Veterinary Diagnostic Center
 4040 East Campus Loop
 Lincoln, NE 68583-0907
 (402) 472-1434

Pseudorabies Serology

Owner ID # _____	Herd # _____	Veterinarian (Signature) _____	Vet Code _____
		I Certify that I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding animal identification numbers.	
Name _____		Clinic Name _____	
Address _____		Address _____	
City/State/Zip _____		City/State/Zip _____	
County _____		Vet Telephone _____	

Reason for test: (Check one)

ON FARM TEST

SURVEILLANCE

- Monitored First Test ___ Remonitored ___
- Qualified First Test ___ Monthly ___ Quarterly ___
- ___ Retest of Infected Herds
- ___ Show/Sale/Lease
- ___ Release of Quarantine
- ___ Unit Release of Quarantine
- ___ Diagnostics
- ___ Herd Additions
- ___ Imports
- ___ Suspect Retest
- ___ Other _____

- ___ Slaughter Traceback
- ___ First Point Traceback
- ___ Tracing Sales from Infected Herds
- ___ Tracing Purchases by Infected Herds
- ___ Circle Testing Infected Herds
- ___ Area Testing Farrow – Finished Herds
- ___ Area Testing Feeder Pig Producers
- ___ Area Testing Feeder Pig Finishers
- ___ Random Selection
- ___ Other _____

Bleeding Date _____	
Total Samples Submitted _____	
No. Breeding Swine in Herd _____	No. Feeding Swine in Herd _____
Date of Vaccination _____	
Type of Vaccine _____	
Fee Basis <div style="text-align: center;">Yes No</div>	
Remarks _____	

TUBE NO.	LAB No.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	TEST RESULTS					
						ELISA	LATEX	SN	IDX-GX	IDX-GI	CLN
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

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Form PR 02

No. Negative _____ No Positive _____ No Suspect _____ Total Tested _____
 Date Received _____ Date Reported _____ Reported by _____