

Swine Submission Form

Collection Date _____

Owner Information (please print clearly)	
Name	
Street Address	
City, State, Zip	
Telephone	Fax

Veterinarian Information (if applicable)	
Name	
Street Address	
City, State, Zip	
Telephone	Fax

Results To: (check one) Breeder Vet Breed Association
Reporting Method: (check one) U.S. Mail Fax Email (address) _____

In addition to above options, we also mail a certificate to the client for Porcine Stress & Gentec IGF-2 Testing.

Test Information					
Test Code	Test Type	Price	Accepted Samples	Shipping	Turnaround
HALPSS	HAL1843 Porcine Stress Syndrome, Genetic Test	\$24	Blood card or whole blood in EDTA	Regular Mail	1-4 Bus Days
IGF-2	GENTEC Insulin Growth Factor 2, Genetic Test	\$24	Blood card or whole blood in EDTA	Regular Mail	1-4 Bus Days
PRRSV	Porcine Reproductive & Respiratory Syndrome (US & EU)	\$22	Semen, Serum, Blood, Oral Fluids	Overnight	24 hrs
PCV2	Porcine Circovirus Type 2	\$22	Semen, Serum, Whole Blood	Overnight	24 hrs
MYCOPL	Mycoplasma Hypopneumonia	\$22	Serum	Overnight	24 hrs
LAWSO	Lawsonia Intracellularis	\$22	Ileum, Feces	Overnight	24 hrs
SAL	Salmonella	\$22	Tissue, Feces	Overnight	24 hrs

Sample Information (please print clearly)						HALPSS	IGF-2	PRRSV	PCV2	MYCOPL	LAWSO	SAL	Cost
Ear Notch and/or Registration Number	Breed	Birth Date	Sex M/F	Lab Use									
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													

Payment Information (please print clearly)	
<input type="checkbox"/> Chk. Encl. <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Use Credit Card on File	
Card Number	Exp. Date
Cardholder Name	3-digit security code
Signature	
Credit Card Billing Address if different than above (Street Number & Zip)	

Amt Due for Testing Services
 _____ Addt'l Blood Cards @ \$2 ea
Pmt of any Prev Balance

(Optional) Express Results for HAL PSS only. Call Lab. Additional \$10 per test

TOTAL AMT DUE

Disclaimer: I certify the samples drawn from each animal identified above have correctly been labeled with corresponding identification numbers listed on this submission form. I certify that I am the representative of the entity requesting this testing to be performed and have read and understand sample requirements. In no event shall GenAnalysis Laboratory, Inc. be liable for incidental, consequential, special, or other damages, of any nature, including but not limited to, lost profits, (even if advised of such damage) and I shall indemnify GenAnalysis Laboratory Inc. from all liability claims arising from services provided.

Customer Signature  _____ Date _____