

## Porcine Testing Submission Form

Client's name and address:

Postcode:

Contact number:

Invoicing address:

Report to:

Address where animals kept:

Postcode:

CPH Number:

Details:

Breed:

Age:

Sex:

Date of sampling:

Treated? Date of treatment and Antibiotic used:

Main Clinical signs/Reason for submission:

Disease suspected (e.g., APP, HPS...)

Number in herd

Number affected in group

Number affected inc' dead

Number dead.

Test required, please tick as appropriate.

### Bacteriology.

Aerobic culture & Sensitivity  Bacteria ID  Anerobic Culture & Sensitivity for Clostridia sp

Microaerobic CO2 Culture & Sensitivity for Actinobacillus Pleuropneumoniae and Haemophilus Parasuis

### Semen Quality.

Motility, Morphology, count  Culture & Sensitivity

### Parasitology. (Faeces Sample)

Worm Egg and Coccidia Count

### Other.

Rotavirus Lateral Flow testing in faeces or faecal swabs

**Note. For large volumes of samples or regular submissions, we can perform PCR's and ELISA testing. Please contact us for a quote at [yorklab@newbridgescientific.com](mailto:yorklab@newbridgescientific.com)**

Return samples to: Newbridge Scientific, Castle House, Dale Road, Sheriff Hutton, York YO60 6RZ