### Swine Influenza Testing Submission Form

**MDA USE ONLY**

<table>
<thead>
<tr>
<th>Accession #</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Check #</td>
<td>Amt:</td>
</tr>
<tr>
<td>Date Rec’d</td>
<td>By:</td>
</tr>
</tbody>
</table>

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE ANIMAL HEALTH DIAGNOSTIC LABORATORY AND MAY BE TESTED AS PART OF STATE/FEDERAL SURVEILLANCE PROGRAMS.

#### Submitter

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone</td>
<td>Fax</td>
</tr>
</tbody>
</table>

#### Owner

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
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<td>Address</td>
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<tr>
<td>Phone</td>
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</tr>
</tbody>
</table>

#### Premise ID

Is animal location same as owner? □ Yes □ No - Provide address:

#### Class of Swine

□ SOW □ BOAR □ GROWER □ FINISHER □ NURSERY □ SUCKLING □ OTHER________

#### Age

(weeks-days) __________

#### Total Number in Herd

________

#### Mortality

(per day) __________

#### History

(reason for submission)

#### Treatment

(if any)

#### Attending Practitioner Name:

PHONE:

#### Address:

#### Collection Site Type:

□ PRODUCER □ FARM □ MARKET □ AUCTION □ EXPO □ FAIR □ Other

#### Sample Information

Collection Date __________ Collected By: __________

Sample Origin: □ NECROPSY □ SURVEILLANCE □ OTHER ______ Specimen Type: __________

Collection Site __________ County: __________ Phone: __________

Address: __________ State: __________ Zip: __________

#### Shipping Information:

<table>
<thead>
<tr>
<th>#</th>
<th>Animal ID/Name</th>
<th>BAR CODES ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>For laboratory barcodes only</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>For laboratory barcodes only</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>For laboratory barcodes only</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>For laboratory barcodes only</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>For laboratory barcodes only</td>
</tr>
<tr>
<td>6</td>
<td></td>
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</tr>
</tbody>
</table>

☐ Use Cont. sheet for multiple IDs – check if sheet attached