­Pork MultiPath™ Submission Form

*Please indicate in the clinical notes field if animals have been vaccinated prior to sample collection as vaccines may interfere with assay results.*

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| --- | --- |
| Submission Contact | Your Name  Job Title  Address  Phone  Email |
| Farm | Address |
| Samples submitted | # of Samples  Signed by |
| Who should get the results? | Name  Email |
|  |  |
| Clinical Notes / Farm History |  |
| Submission Date |  |

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| # | Collection Date | Sample Name\* | | Breed | | | Age | | Sample Type | | Differential Diagnosis | | PMP1/PMP2 | |
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|  | More rows overleaf | |  | |  |  | |  | |  | |  | |

**PMP2 Enteric Panel**

**PMP1 Respiratory Panel**

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| --- | --- |
| * Actinobacillus pleuropneumoniae serovar 1, 5, 7, 15 (APP1, APP5, APP7, APP15) * Streptococcus suis, serotype 2, 3 (SS generic; SS2, SS3) * Pasteurella multocida (PM) * Haemophilus parasuis (HP) Also known asGlaesserella parasuis (GP) * Mycoplasma hyorhinis (MHR) * Mycoplasma hyopneumoniae (MHP) * Porcine circovirus 2 (PCV-2) | * Lawsonia intracellularis ( LI) * Brachyspira pilosicoli (BP) * Brachyspira hyodysenteriae (BH) * Salmonella enterica (SE) incl. serovar Typhimurium (SEty) * Escherichia coli (EC) incl. F4, F6, F18, F41, LT1, ST1, ST2, STX2e, eaeA * Porcine rotavirus (RV) RVA, RVB, RVC * Porcine circovirus 2 (PCV-2) |

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| NR | Collection Date | \*Sample Name | Breed | Age | Sample Type | Differential Diagnosis | PMP1/PMP2 |
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\*Sample name can be: Pig ID/Nr, Room/Shed/Pen number etc. that uniquely identifies the sample.

There is no requirement to complete all rows.