­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.*

|  |  |
| --- | --- |
| 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.