



Submission Form

Circle H Laboratory

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Dalhart TX 79022-1150

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Email: laboratory@circleh.info

Client Name _____	Farm Location _____	Report Results _____	internal use: _____
Contact Person _____	Phone _____	email _____	accession # _____
Date Submitted _____	Date /Time Collected _____	fax _____	date received _____
Number of Samples _____	Group ID _____	call _____	received by _____
Expected PRRSV Herd Status Positive Negative Unknown			time _____
<input checked="" type="checkbox"/> Rush or Urgent Order <input checked="" type="checkbox"/> Normal			temp _____
Type of Sample:	<input type="checkbox"/> blood <i>blood swab</i> <i>serum</i> <i>whole blood</i> <i>other: _____</i>		
	<input type="checkbox"/> environmental <i>bedding</i> <i>sponges</i> <i>swabs</i> <i>towels</i> <i>other: _____</i>		
	<input type="checkbox"/> food <i>cheese</i> <i>juice</i> <i>meat</i> <i>swabs</i> <i>whey</i> <i>other: _____</i>		
	<input type="checkbox"/> milk <i>bulk tank</i> <i>individual cow</i> <i>string sample</i> <i>troubleshooting</i> <i>other: _____</i>		
	<input type="checkbox"/> semen <i>extended semen</i> <i>raw semen</i> <i>other: _____</i>		
	<input type="checkbox"/> tissue <i>earnotch</i> <i>intestine</i> <i>lung</i> <i>other: _____</i>		
	<input type="checkbox"/> water <i>drinking</i> <i>discharge</i> <i>gylcol</i> <i>polished</i> <i>other: _____</i>		
	<input type="checkbox"/> other <i>oral fluids</i> <i>nasal swabs</i> <i>fecal swabs</i> <i>other: _____</i>		
Test(s) Requested:	<input type="checkbox"/> culture <i>bulk tank w/ Myco w/out Myco (circle one)</i> <i>full culture w/ Myco w/out myco (circle one)</i> <i>Mycoplasma only</i> <i>Staph only</i> <i>Other: _____</i>		
	<i>semi-quantitative bulk tank</i> <i>Swine Respiratory</i> <i>Bovine Respiratory</i> <i>Swine Enteric</i> <i>Bovine Enteric</i>		
	<input type="checkbox"/> component test <i>fat and protein only</i> <i>full components with SCC</i> <i>SCC only</i>		
	<input type="checkbox"/> pathogen testing <i>coliforms</i> <i>E. coli O157:H7</i> <i>Listeria species</i> <i>Salmonella species</i> <i>Staph aureus</i> <i>yeast/mold</i>		
	<input type="checkbox"/> plate count <i>coli</i> <i>LPC</i> <i>PI raw or pasteurized (circle one)</i> <i>SPC</i> <i>yeast/mold</i> <i>quality bundle (SPC, LPC, coli)</i>		
	<input type="checkbox"/> PCR <i>test in pools of _____</i> <input type="checkbox"/> <i>sequence</i> <i>Listeria species</i> <i>Mycoplasma bovis</i> <i>PRRSV</i> <i>quantitative PRRSV</i> <i>PCV2</i>		
	<input type="checkbox"/> semen <i>bacteriology ID</i> <i>CASA</i> <i>hemocytometer total sperm cell count</i> <i>nucleocounter membrane integrity cell count</i> <i>nucleocounter total sperm cell count</i> <i>morphology</i> <i>standard plate count</i> <i>culture</i>		
	<input type="checkbox"/> serology <i>bioPRYN</i> <i>BVD Ag ELISA (fill out bottom lines)</i> <i>Johnes milk/serum ELISA</i> <i>mycoplasma ELISA</i> <i>PRRSV ELISA</i>		
	<input type="checkbox"/> other <i>antibiotic screen</i> <i>Colilert</i> <i>freezing point</i> <i>glycol</i>		
	<i>packed cell volume</i> <i>sediment</i> <i>serum protein</i> <i>other: _____</i>		
BVD information:	<i>Pen:</i> _____ <i>Lot:</i> _____ <i>No's:</i> _____ <i>to</i> _____ <i>Feeder test: sale or started (circle one)</i>		
LF 1004.003	<i>Tag Color:</i> _____ <i>Wt:</i> _____ <i>Age: < 30 days</i> <i>more than 30 days (circle one)</i> <i>Cow herd test: cows/bulls</i> <i>calves (circle one)</i>		



Sample Identification Form

Laboratory Form 1004.003

Accession # _____

Client			Submission Date			Page ___ of ___		
Sample #	Sample ID	Notes	Sample #	Sample ID	Notes	Sample #	Sample ID	Notes
1			21			41		
2			22			42		
3			23			43		
4			24			44		
5			25			45		
6			26			46		
7			27			47		
8			28			48		
9			29			49		
10			30			50		
11			31			51		
12			32			52		
13			33			53		
14			34			54		
15			35			55		
16			36			56		
17			37			57		
18			38			58		
19			39			59		
20			40			60		



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Sample #	Sample ID	Notes	Sample #	Sample ID	Notes	Sample #	Sample ID	Notes
61			81			101		
62			82			102		
63			83			103		
64			84			104		
65			85			105		
66			86			106		
67			87			107		
68			88			108		
69			89			109		
70			90			110		
71			91			111		
72			92			112		
73			93			113		
74			94			114		
75			95			115		
76			96			116		
77			97			117		
78			98			118		
79			99			119		
80			100			120		