



Submission Form

Circle H Laboratory

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Client Name	Farm Location		Reference		internal use:			
Contact Person	Date /Time Collected		Case Tag:		accession #			
Date Submitted	Reason for testing		Flow:		date received			
Number of Samples	Barn type				received by			
Expected PRRSV Herd Status(circle one)			Positive	Negative	Unknown			
<input checked="" type="radio"/> Rush or Urgent Order			<input checked="" type="radio"/> Normal					
Type of Sample:	<input type="checkbox"/> blood	blood swab	serum	whole blood	other: _____	DROPOFF <input checked="" type="radio"/>		
	<input type="checkbox"/> environmental	bedding	sponges	swabs	towels	other: _____	PICKUP <input type="radio"/>	
	<input type="checkbox"/> food	cheese	juice	meat	swabs	whhey	other: _____	LOCAL <input type="radio"/>
	<input type="checkbox"/> milk	bulk tank	individual cow	string sample	troubleshooting	other: _____		
	<input type="checkbox"/> semen	extended semen	raw semen	other: _____				
	<input type="checkbox"/> tissue	earnotch	intestine	lung	other: _____			
	<input type="checkbox"/> water	drinking	discharge	glycol	polished	other: _____		
	<input type="checkbox"/> other	oral fluids	nasal swabs	fecal swabs	processing fluid	PUC	Feedback	other: _____
Test(s) Requested:	<input type="checkbox"/> culture	bulk tank w/ Myco	w/out Myco (circle one)	full culture w/ Myco Strep Ag confirm	Mycoplasma only	Staph only	Other: _____	
		semi-quantitative bulk tank		Swine Respiratory	Bovine Respiratory	Swine Enteric	Bovine Enteric	Campylobacter
	<input type="checkbox"/> component test	fat and protein only	full components with SCC	SCC only				
	<input type="checkbox"/> pathogen testing	coliforms	E. coli O157:H7	Listeria species	Salmonella species	Staph aureus	yeast/mold	
	<input type="checkbox"/> plate count	coli	LPC	PI raw or pasteurized (circle one)		SPC	yeast/mold	quality bundle (SPC, LPC, coli)
	<input type="checkbox"/> PCR	test in pools of _____	<input type="checkbox"/> sequence	Listeria species	Mycoplasma bovis	PRRSV	quantitative PRRSV	PCV2/PCV3
			BVD	Salmonella species	IAV-S screening	PDT triplex	M. hyo	
	<input type="checkbox"/> semen	bacteriology culture/ standard plate count	morphology	Motility Agglutination	nucleocounter membrane integrity cell count	nucleocounter total sperm cell count	hemocytometer total sperm cell count	
	<input type="checkbox"/> serology	bioPRYN	BVD Ag ELISA	Idexx pregnancy	Johnes milk/serum ELISA	mycoplasma ELISA	PRRSV ELISA	
	<input type="checkbox"/> other	antibiotic screen	Colilert	freezing point	glycol	water bacteriology culture/ SPC		
		packed cell volume	sediment	serum protein	other: _____			
BVD information:	Pen:	Lot:	No's:	to	Feeder test: sale or started (circle one)			
	Tag Color:	Wt:	Age: < 30 days	more than 30 days (circle one)	Cow herd test: cows/bulls calves (circle one)			