

SUBMISSION FORM - Porcine and other mammals

SITES FOR ACCREDITED ANALYSIS*

gB ELISA on individual and pooled sera

gE ELISA on individual sera

Salmonella ELISA on sera

PRRSV ELISA on individual sera

Antibiotic susceptibility test by disc

diffusion on agar

Châteaubourg

Arzacq-Arraziguet

Secondigny

Labofarm - Loudéac

Labofarm - Ploumagoar

✓

✓

✓

✓

✓

ADMINISTRATIVE INFORMATION		TECHNICAL INFORMATION	
<u>SAMPLING SITE:</u> Name: Address: Postcode: Town: Administrative site if different from sampling site: Phone No.: <u>National identification No.</u> Building: Client ref.: Organisation: Veterinarian:		<u>REASON FOR REQUESTING ANALYSIS:</u> <input type="checkbox"/> Monitoring <input type="checkbox"/> Diagnostic <input type="checkbox"/> Disease <input type="checkbox"/> Epidemiological study <input type="checkbox"/> Other: Type of production <input type="checkbox"/> Breeding <input type="checkbox"/> Nursery <input type="checkbox"/> Finisher Type of farm <input type="checkbox"/> Feeder <input type="checkbox"/> Farrow <input type="checkbox"/> Farrow/Feeder <input type="checkbox"/> Post-weaning <input type="checkbox"/> Post-weaning/Feeder Species <input type="checkbox"/> Growing-finishing pig <input type="checkbox"/> Equine <input type="checkbox"/> Piglet <input type="checkbox"/> Ovine <input type="checkbox"/> Sow <input type="checkbox"/> Rabbit <input type="checkbox"/> Boar stud <input type="checkbox"/> Young rabbit <input type="checkbox"/> Bovine <input type="checkbox"/> Other:	
<u>Sampler:</u> <u>Date sampled:</u> Technician:			
<u>BILLING:</u> Name: Address: Postcode: Town:		<u>Age of animals:</u> Batch No.: No. of animals:	
<u>TRANSMISSION OF RESULTS:</u> (For the transmission of results by e-mail, a signed proof agreement is required) <input type="checkbox"/> Owner/producer <input type="checkbox"/> Veterinarian <input type="checkbox"/> Departmental bodies (DDCSPP/DDPP) <input type="checkbox"/> Organisation <input type="checkbox"/> Other:		<u>Name of person requesting analysis:</u> <u>Signature**:</u> <u>ADDITIONAL INFORMATION:</u>	
REQUEST FOR LESION EXAMINATION			
Morbidity: + ++ +++ Suspected disease: Clinical signs: Treatments carried out or in progress:		Mortality: Estimated date of onset of clinical signs:	
Sample type <input type="checkbox"/> Urine <input type="checkbox"/> Animals <input type="checkbox"/> Milk <input type="checkbox"/> Faeces <input type="checkbox"/> Intestine <input type="checkbox"/> Runts <input type="checkbox"/> Female urogenital system <input type="checkbox"/> Lung <input type="checkbox"/> Various organs: <input type="checkbox"/> Swab <input type="checkbox"/> rectal <input type="checkbox"/> uterine		Samples No 1 No 2 No 3 No 4 No 5 No 6	Number
Requested analysis <input type="checkbox"/> Lesion examination <input type="checkbox"/> Bacteriology ⁽¹⁾ <input type="checkbox"/> Respiratory profile <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Coproscopy <input type="checkbox"/> Antibiogram ⁽²⁾ <input type="checkbox"/> Histology <input type="checkbox"/> PCR <input type="checkbox"/> Haematology <input type="checkbox"/> Preserve the strain <input type="checkbox"/> Other:			
<small>(1) The laboratory is the sole authority in assessing the performance of antibiograms and/or the storage of bacterial strains of interest, unless otherwise specified by crossing out the corresponding services.</small> <small>(2) Analyses follow NF U 47-107 standards for Enterobacteriaceae and Staphylococcus. Antibiograms include an interpretation based on current CA-SFM recommendations.</small>			

The client must ensure they possess the latest version of this document.

*BIO CHÊNE VERT is accredited by Cofrac Essais under numbers 1-6172: Châteaubourg site and 1-5528: Arzacq-Arraziguet site (list of sites and scopes available on www.cofrac.fr)

**By placing an order or sending your sample to BIO CHÊNE VERT you are agreeing to our terms and conditions and confirm that you have read the sampling methods.

The laboratory is not responsible for sampling.

REQUEST FOR PORCINE SEROLOGY AND PCR ANALYSIS											
Tests requested	TYPE OF ANALYSIS					BREEDING		GROWING-FINISHING			
						<input type="checkbox"/> Tubes	<input type="checkbox"/> Blotters	<input type="checkbox"/> Tubes	<input type="checkbox"/> Blotters		
						Number	Vaccines (Yes/No)	Number	Vaccines (Yes/No)		
ELISA	<input type="checkbox"/> Aujeszky gB ⁽³⁾	<input type="checkbox"/> Individual									
<i>Results obtained from a pool of serums cannot be extrapolated to individual samples.</i>	<input type="checkbox"/> Aujeszky gE ⁽³⁾	<input type="checkbox"/> Pooled		... of of ...			
	<input type="checkbox"/> Actinobacillus	<input type="checkbox"/> Individual		... of of ...			
		<input type="checkbox"/> Pooled									
		<input type="checkbox"/> 1,9,11									
		<input type="checkbox"/> 2									
		<input type="checkbox"/> 3,6,8									
		<input type="checkbox"/> 4,7									
		<input type="checkbox"/> 5a,5b									
		<input type="checkbox"/> 10,12									
		<input type="checkbox"/> All Actino.									
		<input type="checkbox"/> Circovirus									
		<input type="checkbox"/> TGE									
		<input type="checkbox"/> PRCV									
		<input type="checkbox"/> Influenza									
		<input type="checkbox"/> Haemophilus									
	<input type="checkbox"/> Lawsonia										
	<input type="checkbox"/> Mycoplasma hyop.	<input type="checkbox"/> IDEXX	<input type="checkbox"/> DAKO								
	<input type="checkbox"/> Parvovirus										
	<input type="checkbox"/> Swine fever										
	<input type="checkbox"/> Salmonella ⁽⁴⁾										
	<input type="checkbox"/> PRRSV ⁽⁴⁾	<input type="checkbox"/> Individual	<input type="checkbox"/> Pooled								
	<input type="checkbox"/> SVDV										
	<input type="checkbox"/> Other:										
HAIT	<input type="checkbox"/> Influenza	<input type="checkbox"/> H1N1									
		<input type="checkbox"/> H1N2									
		<input type="checkbox"/> H3N2 (Port Chalmers)									
	<input type="checkbox"/> Parvovirus										
	<input type="checkbox"/> Other:										
PCR	<input type="checkbox"/> PRRSV	<input type="checkbox"/> Pool of 3	<input type="checkbox"/> Individual								
	<input type="checkbox"/> Other:										
Other	<input type="checkbox"/> Leptospira										
	<input type="checkbox"/> Other:										

BREEDING						GROWING-FINISHING					
	Identification No.	Range rank		Identification No.	Range rank		Identification	Age		Identification	Age
1			16			1			16		
2			17			2			17		
3			18			3			18		
4			19			4			19		
5			20			5			20		
6			21			6			21		
7			22			7			22		
8			23			8			23		
9			24			9			24		
10			25			10			25		
11			26			11			26		
12			27			12			27		
13			28			13			28		
14			29			14			29		
15			30			15			30		

(3) Reference text: depending on the chosen kit and protocol (cf 3.1E1, on request)
(4) Reference text: internal method and depending on the chosen kit and protocol (cf 3.1E1, on request)

REQUEST FOR WATER ANALYSIS	<input type="checkbox"/> Partial Bacteriology	<input type="checkbox"/> Partial Chemistry (pH, nitrate, hardness, iron)
	<input type="checkbox"/> Full Chemistry	<input type="checkbox"/> Other:

The client must ensure they possess the latest version of this document.

*BIO CHÊNE VERT is accredited by Cofrac Essais under numbers 1-6172: Châteaubourg site and 1-5528: Arzacq-Arraziguet site (list of sites and scopes available on www.cofrac.fr)
**By placing an order or sending your sample to BIO CHÊNE VERT you are agreeing to our terms and conditions and confirm that you have read the sampling methods.
The laboratory is not responsible for sampling.