

Animal Health and Welfare Pathway

PRRS testing submission form (page 1)

Find a lab for PRRSV testing: <https://qrco.de/beX33q>

For lab use only

Client's name and farm where sampled pigs are kept:	
Postcode:	
County:	
CPH No:	

Veterinary practice:	
Clinician:	

Premises unique pathway reference number:
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Pig details: Please give estimated age of sampled pigs and tick **one** option

Age Days Months
 Weeks Years

Please also indicate **one** age category below

Neonatal (< 1 week) Post-weaned Mixed
 Pre-weaned Adult (> 6 months)

Purpose: Please tick **one** option that best describes the pig-keeping premises

Weaner or grower breeder Nursery-Finisher Boar stud
 Nursery Gilt Unit Captive/pet
 Breeder-Finisher Finisher

Housing of sampled pigs: Please select **one** option

Housed Outdoors Mixed

Porcine reproductive and respiratory syndrome history:

PRRSV vaccination	Breeding pigs	Growing pigs
Are pigs PRRSV-vaccinated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which vaccine?		
At what stage (breeding) or age (growing) was the vaccine given?		
What date were the sampled pigs most recently vaccinated for PRRSV?		

Sample details:

Date of sampling:

Testing required: Please tick **one**

PRRSV antibody ELISA
 PRRSV PCR (pools of 5)

Number of blood samples: (Provide details on page 2 if necessary)

Animal Health and Welfare Pathway

PRRS testing submission form (page 2)

Details of samples submitted:

Sample number	Pig identity (optional)	Blood sample identity (if different)	Pig location (optional) paddock/shed/pen ID
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