

Veterinary Diagnostics and Tec	Email: bhandsaeme@biochecklabs.com						
DIAC	GNOSTIC TEST	SUB	MISSION FORM				
Veterinary Practice:			Owner Name:				
Herd Veterinarian:			Owner Phone Number:				
Results to Vet? (please circle) FAX	EMAIL NO	Results to Owner? (please circle) FAX EMAIL NO					
Veterinary Fax/Email:		Owr	ner Fax/Email:				
SWINE TESTS			ANIMAL ID'S				
► Please Check all Tests Required		1		26			
		2		27			
		3		28			
		4		29			
Respiratory Diseases	φ10.00/ 1	5		30			
☐ PRRS (ELISA)	\$10.00/sample	6		31			
 ☐ Influenza H₃N₂ (ELISA) ☐ Influenza H₁N₁ (ELISA) 	\$10.00/sample \$10.00/sample	7		32			
☐ Mycoplasma hyopneumoniae (ELI	•	8		33			
Actinobacillus pleuropneumoniae				34			
(Out of House Testing - Inquire for Pricing)		10		35			
		11		36			
Systemic Diseases		12		37			
☐ Haemophillus parasuis	\$10.00/sample	13		38			
		14		39			
Combination Pricing (in house testing only)		15		40			
Any Two Tests	\$17.00/sample	16		41			
☐ Any Three Tests	\$25.00/sample	17		42			
☐ Any Five Tests	\$45.00/sample	18		43			
		19		44			
		20		45			
		21		46			
		22		47			
		23		48			
Sample Collection Date:				49			

LAB USE ONLY		Form #: Lab-427
Date Received:	Submission #:	(updated 24 Nov 2010