

**Rollins Animal Disease Diagnostic Laboratory**  
**1031 Mail Service Center**  
**Raleigh NC 27699-1031**  
**(919) 733-3986**



**North Carolina Department of Agriculture  
 & Consumer Services**  
**Veterinary Division**  
**SWINE TEST CHART**

Accession No.: \_\_\_\_\_ Date Received \_\_\_\_\_

Owner or Corporation

Premises or Farm Tested

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Farm Number (QBSP)   -    -    -

County

Date Bled     
 M D Y

Mailing Address of Veterinarian  
 Dr. \_\_\_\_\_  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City-St-Zip

**REASONS FOR TESTS:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 Diagnostic Test    | <input type="checkbox"/> 6 Herd Addition       | <input type="checkbox"/> 11 Quarantine Rel |
| <input type="checkbox"/> 2 Exhibition/Auction | <input type="checkbox"/> 7 Val/Qualified       | <input type="checkbox"/> 12 Herd Clean-up  |
| <input type="checkbox"/> 3 Circle Testing     | <input type="checkbox"/> 8 PRV Monitoring Test | <input type="checkbox"/> 13 Infected Herd  |
| <input type="checkbox"/> 4 Sentinel           | <input type="checkbox"/> 9 Epidemiological     | <input type="checkbox"/> 14 Retest Suspect |
| <input type="checkbox"/> 5 Trace Back         | <input type="checkbox"/> 10 Other _____        |  |

**Summary of Pseudorabies (PRV) Results**

No. Received \_\_\_\_\_ No. Not Tested \_\_\_\_\_  
 No. Positive \_\_\_\_\_ Titer Range \_\_\_\_\_  
 No. Suspects \_\_\_\_\_

**Summary of Brucellosis Results**

No. Received \_\_\_\_\_ No. Not Tested \_\_\_\_\_  
 No. Reactors \_\_\_\_\_ No. Negative \_\_\_\_\_  
 No. Suspects \_\_\_\_\_

**TEST RESULTS**

Tube No.	Identification Number	Age	Breed	Sex	PSEUDORABIES			PRV						BRU	
					Vacc Date	Vacc Manufacturer	Type of Vac.								
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

Breeding  No. in Herd   
 Feeding   
 Nursery

Number Samples Fee-Basis  Total

Technician Date \_\_\_\_\_

I certify that the information on this form concerning herd size and ownership, is true to the best of my knowledge. The listed animals were bled by

I certify that the information on this form is accurate and true to the best of my knowledge. I hereby request payment for these services when applicable according to agreement number \_\_\_\_\_

Dr. \_\_\_\_\_  
 Veterinarian (Print)

Veterinarian Signature \_\_\_\_\_ ( )  
 Accred. Code \_\_\_\_\_

Signature of Owner or Agent \_\_\_\_\_

Telephone No. \_\_\_\_\_

**DISTRIBUTION:**  
 White copy: Laboratory  
 Pink copy: Owner  
 Yellow copy: Veterinarian