

Phibro Animal Health Corporation

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FOR PAHC USE ONLY
Case No. _____
Date Received: _____
Received By: _____

Form for the Submission of Microbial Organisms

Veterinarian: _____
Clinic: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone: _____
Fax: _____

Owner: _____
Address: _____
City: _____ State: _____ ZIP: _____

() Porcine () Bovine () Other _____

Bill To: Clinic Owner Veterinarian

Please list the Organism(s), Isolation Date & Location of Isolation *i.e Diagnostic Lab, Clinic*

<u>Organism</u>	<u>Isolation Date</u>	<u>Laboratory of Isolation</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Note: The Date of Isolation is required for our records if autogenous vaccine production is requested.

Services Requested:

Molecular Biology PCR:

- | | |
|---|--|
| () Clostridium perfringens Genotyping | () PRRS |
| () Clostridium difficile Genotyping | () Swine Influenza Virus |
| () E coli Pilus and Toxin Gene Detection | () Pasteurella multocida Toxin Gene Detection |
| () Mycoplasma (hyopneumoniae, hyorhinis, hyosynoviae, bovis, bovoculi, others) | () Streptococcus suis Virulence Factors |
| () Moraxella Species Determination | () APP / A. suis Toxin Gene Detection |
| () Haemophilus parasuis Genotyping and further virulence factors | |

Comments: _____

