

Application Form SWINE



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Sender (Please use block letters or stamp)

Owner

Name: _____

Street: _____

ZIP/Town: _____

Phone: _____

Fax: _____

Invoice to

Sender

Owner

 (Signature of the owner if charging the costs)

Patient / Stock

Breed: _____

Animal-ID: _____

Sex: ♂ m ♀ f

Age: _____

Sample ID: _____

Date of Sampling: _____

Anamnesis:

Sample Material(s):

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> S serum | <input type="checkbox"/> L CNF |
| <input type="checkbox"/> PI plasma | <input type="checkbox"/> F feces |
| <input type="checkbox"/> EB EDTA-blood | <input type="checkbox"/> U urine |
| <input type="checkbox"/> NT nasal swab | <input type="checkbox"/> B biopsy |
| <input type="checkbox"/> RT pharyngeal swab | <input type="checkbox"/> SP sperm |
| <input type="checkbox"/> GT genital swab | <input type="checkbox"/> Org organs |
| <input type="checkbox"/> KT conjunctival swab | <input type="checkbox"/> Pu aspirate |
| <input type="checkbox"/> G scrape | <input type="checkbox"/> _____ |

Requested Test(s): (Please tick!)

Disease/ Virus	Test	Material
No specific suspicion	Virus detection <input type="checkbox"/> ZK	Diverse Materials
Diarrhea		
Rota-/ Coronavirus	<input type="checkbox"/> EM	F
Porcine Noroviruses (PoNV)	Virus detection <input type="checkbox"/> PCR <input type="checkbox"/> EM	F
Porcine Sapoviruses (PoSV)	<input type="checkbox"/> PCR <input type="checkbox"/> EM	F

Other Diseases

Suid Herpesvirus 1

(SuHV-1) (
Pseudorabies

ZK PCR

EB, NT, RT, Org

Porcine Circovirus 2
(PCV-2) (PMWS, PDNS)

PCR

Org

Enzcephalomyocarditis
Virus (EMCV)

Virus detection

PCR ¹

B, Org

Ovine Herpesvirus 2
(OvHV-2)
(mal.catarrhal fever)

PCR qPCR

EB, NT, KT, Org

Papillomavirus
(Papilloma)

EM PCR ¹

B

Poxvirus (PV)
(Skin Lesions)

EM PCR ¹

B

Others:

Signature: _____

(Veterinarian)

Abbreviations:

ZK: Virus isolation in cell culture
PCR: Polymerase-Chain-Reaction (Genome detection)
qPCR: Realtime-PCR
EM: Electron mikroskopy

1 not accredited