Reset

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:	Name:

County [ ]   Date Bled [M] [D] [Y]

Veterinarian's Name ____

Tube No.	Identification Number	Age	Breed	Sex	Vacc Date	Vacc Manu-facturer	Type of Vac.	TEST RESULTS							
								PRV						BRU	