



Registration Sheet

Date: _____

1. ADDC No. _____; Pathologic No. _____; Clinic No. _____

2. Company(Farm) _____; Submit by: _____; Contact: _____

TEL: _____ E-mail: _____

Address: _____

*** I have read and accepted personal information of NCHU, Signature: _____**

3. Species: Swine; Avian; Canine/Feline; Rodents ; aquatic; Others _____

Specimens : Body (Alive _____; Dead _____) Tissue _____ (No. _____)

Characters : General case Project (Research) Entrust (Contract) Others _____

4. Examined Items

<input type="checkbox"/> Serology	<input type="checkbox"/> Swine	<input type="checkbox"/> Other
<input type="checkbox"/> Slide preparation	<input type="checkbox"/> Slide reading	<input type="checkbox"/> Other
<input type="checkbox"/> Pathology	<input type="checkbox"/> Histopathology	<input type="checkbox"/> Other
<input type="checkbox"/> Microbiology	<input type="checkbox"/> Microbial identification	<input type="checkbox"/> Drug sensitization
<input type="checkbox"/> Virus	<input type="checkbox"/> Viral isolation	<input type="checkbox"/> PCR/RT-PCR
<input type="checkbox"/> Pharmacology and toxicology	<input type="checkbox"/> Drug residue	<input type="checkbox"/> Toxicology assay

5. Note:

Finish date:

Payment:



No. of farm animals: _____ Age: _____ Morbidity: _____ (%) Mortality: _____ (%)

Clinical signs (Please select):

<input type="checkbox"/> Rough coat	<input type="checkbox"/> Thinner	<input type="checkbox"/> Paleness	<input type="checkbox"/> Cyanosis			
<input type="checkbox"/> Joint swelling	<input type="checkbox"/> Weakness	<input type="checkbox"/> Lameness				
Neural signs:	<input type="checkbox"/> Tremor	<input type="checkbox"/> Salivation	<input type="checkbox"/> Torsion	<input type="checkbox"/> Paraplegia	<input type="checkbox"/> Other	
Diarrhea:	<input type="checkbox"/> Watery	<input type="checkbox"/> Bloody	<input type="checkbox"/> Pasty	<input type="checkbox"/> Yellowish	<input type="checkbox"/> Greyish	<input type="checkbox"/> Other
Respiratory:	<input type="checkbox"/> Gasp	<input type="checkbox"/> Cough	<input type="checkbox"/> Sneeze	<input type="checkbox"/> Mouth breathing	<input type="checkbox"/> Epistaxis	<input type="checkbox"/> Runny nose

Other: _____

Medication:

Kind	Dosage	Route	Period	Effect
<input type="checkbox"/> Never				
_____	_____	<input type="checkbox"/> In diet <input type="checkbox"/> Injection	_____	<input type="checkbox"/> Good <input type="checkbox"/> General <input type="checkbox"/> Poor
_____	_____	<input type="checkbox"/> In diet <input type="checkbox"/> Injection	_____	<input type="checkbox"/> Good <input type="checkbox"/> General <input type="checkbox"/> Poor
_____	_____	<input type="checkbox"/> In diet <input type="checkbox"/> Injection	_____	<input type="checkbox"/> Good <input type="checkbox"/> General <input type="checkbox"/> Poor

Other: _____

Vaccination:

Swine		Chicken	
HC:	Sow: _____ Piglet: _____	ND:	_____
AR:	Sow: _____ Piglet: _____	IB:	_____
PR:	Sow: _____ Piglet: _____	MD:	_____
FMD:	_____	IBD:	_____
PCV:	_____	POX:	_____
SEP:	_____	ILT:	_____
Other:	_____	Other:	_____