

**Emerging Disease Discovery Support for Diagnostic Fees
Submitter Permission and Cooperation Form**

This agreement is for permission for a laboratory diagnostician* as a representative for the case submitter** to pursue additional diagnostic testing and investigation in case(s) of an unresolved, likely infectious, high morbidity or high mortality swine disease outbreak. The information needed to initiate the request to fund additional testing by Swine Health Information Center (SHIC) will be provided by the attending veterinary laboratory diagnostician. This form will be held by the veterinary diagnostician as part of the official case record.

The information provided to SHIC will be confidential, without names or other unique identifiers and will not be shared without the permission of the submitter. However, the case and results may be identified to either the state or region level without the need for permission from the submitter.

Veterinary Laboratory Diagnostician: _____

Laboratory Address: _____

Case(s) ID(s): _____

Statement of consent to pursue the case

1. I agree to further diagnostic testing as determined by the VDL Diagnostician of the case in consultation with a panel of diagnosticians from public institutions and funded by the SHIC upon acceptance of a final report from the diagnostician of the case. This may require my cooperation for access to additional samples.
2. I understand that case information will be confidential and names, locations (other than state or region), owners, or other sensitive identifiers will not be shared with SHIC, the diagnostician panel or any other person or entity without my permission.
3. I understand that I have a responsibility to report any suspicion of a regulatory disease.

Submitter signature

Date

Submitter (print): _____

Submitter/clinic address: _____

Telephone: _____ Email _____

*The veterinary laboratory diagnostician is the person responsible for the original laboratory investigation and has evaluated laboratory results, lesions and case history to assure the basic criteria for the request for funding are met.

**The submitter is the attending veterinarian with direct contact and knowledge of the animals.