



Epitopix, LLC
 1801 Biotech Avenue NE
 Willmar, MN 56201
 Phone: (320) 222-9822
 Fax: (320) 222-9821
srvaccine@epitopix.com

Non-Adjacent Premise Use

Date:

Referring Veterinarian Information	Isolate Origin Information
Company/Clinic: Name: Address 1: Address 2: City, State & Zip Phone and Email:	Company/Owner: Farm Name: Address 1: Address 2: City, State & Zip: Phone and Email:

List of Non-Adjacent Premises

Company/Owner: Farm Name: Address: City, State & Zip: Phone Number:	Company/Owner: Farm Name: Address: City, State & Zip: Phone Number:
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Summary of the epidemiology of the disease situation that links the designated geographic areas with the herd of origin of this isolate:

- | | |
|---|---|
| <input type="checkbox"/> Common trucking/transportation | <input type="checkbox"/> Common animal handling equipment |
| <input type="checkbox"/> Common people/labor handling crews | <input type="checkbox"/> Common geographical proximity |
| <input type="checkbox"/> Common animal source | <input type="checkbox"/> Transfer of animals |
| <input type="checkbox"/> Common veterinarian | <input type="checkbox"/> Other (explain below) |

Further Explanation of Epidemiological Link (please include intended vaccination schedule:

List of Additional Non-Adjacent Premises

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

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Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number: