

Specimen Submission

Accession No.:

Data Entry: _____

Prosector: _____

Case Coordinator: _____

Date Submitted: _____

Case Tracking # _____

Reference Laboratory: _____

FOR LABORATORY USE ONLY

Owner/Company:

Name: _____

Business Name: _____

Street: _____

City, State: _____, _____ **Zip:** _____

County: _____

Phone: _____

Fax: _____

Submitter/Service:

Name: _____

Business Name: _____

Street: _____

City, State: _____, _____ **Zip:** _____

County: _____

Phone: _____

Fax: _____

Vet/Agent/Fl:

Name: _____

Business Name: _____

Street: _____

City, State: _____, _____ **Zip:** _____

County: _____

Phone: _____

Fax: _____

Other:

Name: _____

Business Name: _____

Street: _____

City, State: _____, _____ **Zip:** _____

County: _____

Phone: _____

Fax: _____

Send Diagnostic Report to:

____ **Owner** ____ **Vet/Agent**

____ **Submitter** ____ **Other**

Fax Diagnostic Report to:

____ **Owner** ____ **Vet/Agent**

____ **Submitter** ____ **Other**

Bill Diagnostic Charges to:

____ **Owner** ____ **Vet/Agent**

____ **Submitter** ____ **Other**

Date obtained: _____

Specimen Type(s): **No. of Specimen**

____ **Animal(s)** _____

____ **Respiratory Kit** _____

____ **Abortion (Kit/Fetus)** _____

____ **Scours Kit** _____

____ **Whole Blood** _____

____ **Serum** _____

____ **Fixed Tissue** _____

____ **Fresh Tissue** _____

____ **Frozen Tissue** _____

____ **Milk** _____

____ **Urine** _____

____ **Fecal** _____

____ **Environmental** _____

____ **Referral Plate** _____

____ **Swab(original)** _____

____ **Feed** _____

____ **Egg(s)** _____

____ **Egg Pools** _____

____ **AI Eggs** _____

____ **AI Blood** _____

____ **AI Swabs** _____

Species: _____ **Production type:** _____ **Sex:** _____ **Submission Type:** _____

Breed: _____ **Age:** ____ yrs. ____ mos. ____ wks. ____ days ____ **Mammalian** ____ **Avian**

Adult **Juvenile** ____ **Aquatic** ____ **SE**

Fetus **Unknown** ____ **Rabies** ____ **Milk**

Flock I.D.: _____

Animal I.D.: _____

Avian Test Request

Accession No.: _____

Clinical Problem: _____

Case Coordinator: _____

FOR LABORATORY USE ONLY

Bacteriology: Routine aerobic culture Special culture
 Full Series Anaerobic culture Salmonella culture
 Clostridium perfringens Salmonella pullorum
 Antibiotic Sensitivity Other _____
 Direct stain-microscopy _____
 E.coli virulence testing _____
 Mycoplasma _____

Tissue Specific testing information:

SE: SE Feed SE Eggs
 SE Environ. Other _____

Bird Immunity

Challenge Tests: IBV LT Other _____

Histopathology: H&E Special stains Other _____

Mycology: Fungal Culture KOH Other _____

Parasitology: Fecal float Intestinal smears Flagellates Giardia Nematodes Coccidia Crypto. Other _____

Pathology: Necropsy Field necropsy _____

PCR: Clostridium perfringens toxin testing MG MS Salmonella screen genus, not species specific Other _____

Serology: Plate test MG MS MM Pullorum Other _____

AGID AI IBD Adeno II Adeno I Reo RE Other _____

Tube Test Pullorum Other _____

HI IBV NDV PMV 2 PMV 3 MG MS Other _____

Chicken ELISA NDV IBD AE SE PM LL AB Other _____
 IBV REO MG REV MG/MS LL AG

Turkey ELISA NDV MG MS MM BA HE Other _____

VN AE IBV NDV Other _____

Toxicology: Botulism Heavy Metals Mycotoxins Herbicide Ionophore GC\MS Screen Other _____

Virology: Electron microscopy for _____
 FA for _____
 Virus isolation for _____
 Chlamydia FA
 Chlamydia isolation
 AI Surveillance – Virus isolation
 Other _____

Other: _____