**MULOGOBw.tif CVM Veterinary Medical Diagnostic Laboratory Avian Submission Form**

**1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411**

**Courier Address** [**www.vmdl.missouri.edu**](http://www.vmdl.missouri.edu) **US Mail Address**

VMDL, 810 E. Campus Loop, Columbia, MO 65211 VMDL, PO Box 6023, Columbia, MO 65205

Acct No **\_\_\_\_\_\_\_\_\_\_\_\_\_** □ Email **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sample Taken** \_\_\_\_\_**\_\_\_\_ Date Sent \_\_\_\_\_\_\_\_**

Phone  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □** Fax **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterinarian**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal Name/ID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Species** \_\_\_\_\_\_\_\_\_\_\_\_ **Breed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex**\_\_\_\_\_\_**Age\_**\_\_\_\_\_\_

No. in Group \_\_\_\_\_\_\_ Sick \_\_\_\_ Dead \_\_\_ New introductions? \_\_\_\_ Date Introduced \_\_\_\_\_\_\_\_\_\_\_Date noticed sick \_\_\_\_\_\_\_\_ Euthanized? \_\_\_\_Method of euthanasia **\_\_\_\_\_\_\_\_\_**Time/ Date of Death \_\_\_\_\_\_\_\_ Lab results available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical signs, history, vaccinations, and post mortem findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical/Differential Diagnosis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**□ Necropsy Exam □ Necropsy+Histopathology □ Necropsy+Histo with Laboratory Tests**

**□ Biopsy**  **□ Mail-In Necropsy with Lab Tests □ Toxicology (additional fees)**

Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

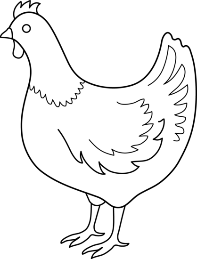
Response to therapy? \_\_\_ **yes** \_\_\_ **no** \_\_\_ **partially**

|  |  |
| --- | --- |
| **Sample Type** | |
| □ Tissue, Fresh | □ Blood |
| □ Tissue, Fixed | □ Serum |
| □ Feces | □ Urine |
| □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

Circle lesions

Mark “X” for

biopsy locations

**Bacteriology/Mycology □ Feces □ Swab from** **\_\_\_\_\_\_\_\_\_\_ □ Tissue from \_\_\_\_\_\_\_\_\_\_\_ □ Other** \_\_\_\_\_\_\_

□ Aerobic culture □ Anaerobic culture □Antimicrobial susceptibility

□Fungal culture (litter) □*Salmonella* □Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treated with antibiotics recently? Y / N

Antibiotic used, when, and last dose\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Serology/PCR/Virology**

□ Avian Influenza Virus AGID

□ Avian Influenza Virus PCR

□ Avian Paramyxovirus PCR (Newcastle)

□ ELISA Serology – Chicken (IBV, NDV, MG, MS, AE)

□ ELISA Serology –Turkey (Bordetella, HEV, NDV,MG,MS)

□ Hemorrhagic Enteritis Virus (HEV) AGID

□ *Mycoplasma gallisepticum* PCR (MG)

□ Mycoplasma (HI) Serology (*M. gallisepticum, M. synoviae,*

*M. meleagridis*)

□ Mycoplasma Rapid Plate Test (MG, MS, MM)

□ *Mycoplasma synoviae* PCR (MS)

□ Newcastle Disease Virus (HI) Serology

□ *Ornithobacterium rhinotracheale* (ORT) Rapid Plate Test

□ *Salmonella pullorum* Tube Agglutination Test

□ *Salmonella typhimurium* Tube Agglutination Test

□ West Nile Virus PCR

**Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Lab use only*** □ **Cold Pac** □ **Frozen** □ **None** □ **Room Temp. Sample Condition** □ **Broken** □ **Leaked** □ **Other** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clients submitting specimens are considered to have agreed to VMDL testing procedures, policies and fees (view at: <http://www.vmdl.missouri.edu/>).

Specimens become the property of the VMDL.