CVM Veterinary Medical Diagnostic Laboratory <u>Avian Submission Form</u> 1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

Courier Address

www.vmdl.missouri.edu

US Mail Address

VMDL, 901 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	
			City	
Address			Phone	
City	State Zip		Email	
Animal Name/ID_		Species	Breed	SexAge
	ry, vaccinations, and post mortem			
Clinical/Differenti	ial Diagnosis			
	n □ Necropsy+Histopathology		ecropsy+Histo with Labor	atory Tests
□ Biopsy			oxicology (additional fees)	•
				
Response to thera	apy? yes no parti	ally		
<u>m</u>	Circle lesions	Sample Ty	vne	
6 / m	Mark "X" for biopsy location		-	
E de remm	olopsy location	☐ Tissue, Fi		
E SEND	(100 30 30 30 30 30 30 30 30 30 30 30 30 3	□ Feces		
WA			□ Offile	
JEG.	all	□ Other		
Bacteriology/My	cology □ Feces □ Swab from	Tissue	from Other _	
	□ Anaerobic culture □Antin			
•	tter) $\Box Salmonella \Box Other_{__}$		Treated with antibiotics rece	ently? Y/N
Antibiotic used,	when, and last dose			
Serology/PCR/\	Virology			
□ Avian Influenza	Virus AGID		□ Myconlasma Ranid Plat	re Test (MG MS MM)
□ Avian Influenza Virus AGID □ Avian Influenza Virus PCR			☐ Mycoplasma Rapid Plate Test (MG, MS, MM) ☐ Mycoplasma synoviae PCR (MS)	
	virus PCR (Newcastle)		□ Newcastle Disease Viru	
	- Chicken (IBV, NDV, MG, MS,	AE)		otracheale (ORT) Rapid Plate Tes
□ ELISA Serology	-Turkey (Bordetella, HEV, NDV,	MG,MS)	🗆 Salmonella pullorum Tu	
•	teritis Virus (HEV) AGID			n Tube Agglutination Test
	lisepticum PCR (MG)		□ West Nile Virus PCR	
• •	() Serology (M. gallisepticum, M. s	synoviae,	Other	
M. meleagridis	<i>)</i>			
	ld Pac 🗆 Frozen 🗆 None 🗆 Room			
	cimens are considered to have agreed to VN	ADL testing procedu	ures, policies and fees (view at: htt	p://www.vmdl.missouri.edu/).