


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

US Mail Address

VMDL, 901 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

CLIENT INFORMATION

SUBMITTING VETERINARIAN		OWNER/PRODUCER	
Name		Name	
Account #		Street Address	
Clinic/Company		City, State, Zip	
Street Address		Phone #	
City, State, Zip		E-mail Address	
Phone #/Fax #		Premises ID	
E-mail Address		SEND REPORTS VIA: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Both	

SAMPLE/PATIENT INFORMATION

Animal Name/ID/Tag Additional lines on next page		Age	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Species Required Field		Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS
Breed		Weight	<input type="checkbox"/> lb <input type="checkbox"/> kg
Date Sample Collected		Date Sample Sent	

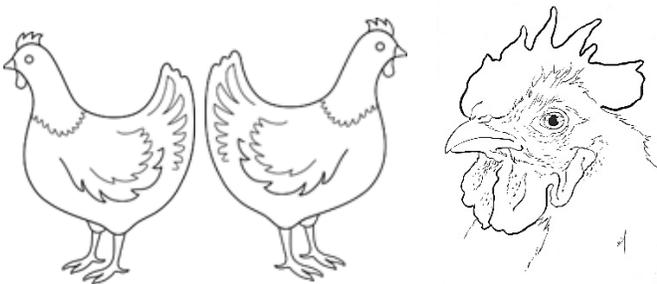
SAMPLE TYPE

<input type="checkbox"/> Fixed Tissue(s)	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Plasma	<input type="checkbox"/> Swab(s) Type:	<input type="checkbox"/> Feed Type:
<input type="checkbox"/> Fresh Tissue(s)	<input type="checkbox"/> Clotted Blood	<input type="checkbox"/> Slide(s)	<input type="checkbox"/> Fluid Type:	
<input type="checkbox"/> Whole Animal(s)	<input type="checkbox"/> Serum	<input type="checkbox"/> Feces	<input type="checkbox"/> Other List:	

HISTORY/CLINICAL INFORMATION

Clinical/Differential Diagnosis:	
History (use additional sheets, if needed): Please include clinical signs, onset and duration of illness, vaccination status, treatment, flock information, new introductions, etc.	

LESION INFORMATION

Location (please mark):	History:	
	Size/Description:	
	Duration of lesion:	
	Treatment:	
	Response to treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
	Rate of growth:	<input type="checkbox"/> Slow <input type="checkbox"/> Fast
	Recurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Margins inked or tagged?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Lab use only: Cold Pac Frozen None Room Temp.Sample Condition Broken Leaked Other _____

ADDITIONAL LINES FOR MULTIPLE ANIMAL SUBMISSIONS

Name/ID	Species	Breed	Sex	Age	Name/ID	Species	Breed	Sex	Age
1					9				
2					10				
3					11				
4					12				
5					13				
6					14				
7					15				
8					16				

* Please note: This form does not include all of the testing performed by the MU VMDL. Consult our fee guide for additional information. *

PATHOLOGY

<input type="checkbox"/> Gross Necropsy	<input type="checkbox"/> Necropsy and Histopathology	<input type="checkbox"/> Necropsy, Histopathology, and Labs	<input type="checkbox"/> Biopsy/Histopathology Only
<input type="checkbox"/> Toxicology (additional fees may apply)		<input type="checkbox"/> Histopathology and Lab Testing (mailed tissues)	
Other testing not listed:			

BACTERIOLOGY *Please indicate type of antimicrobial therapy and date of last dose in history/clinical information section (above)*

<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Aerobic & Anaerobic Culture	<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> <i>Salmonella</i> Culture
<input type="checkbox"/> Microscopic Exam	<input type="checkbox"/> Aerobic Culture + up to 3 susceptibilities	<input type="checkbox"/> Aerobic and Anaerobic Culture + up to 3 susceptibilities	
<input type="checkbox"/> Fungal Culture- Litter	<input type="checkbox"/> Fungal Culture- Dermatophyte	<input type="checkbox"/> Fungal Culture- Systemic	
Other testing not listed:			

SEROLOGY**POULTRY SEROLOGY PANELS**

<input type="checkbox"/> Chicken ELISA Panel (please circle requested tests below) Available options: IBV, NDV, MG, MS, Avian Encephalitis Virus	<input type="checkbox"/> Turkey ELISA Panel (please circle requested tests below) Available options: <i>Bordetella</i> , HEV, NDV, MG, MS
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INDIVIDUAL SEROLOGICAL TESTS

<input type="checkbox"/> Avian Influenza (AGID)	<input type="checkbox"/> Hemorrhagic Enteritis Virus (AGID)
<input type="checkbox"/> <i>Mycoplasma</i> HI (MG, MS, or MM)	<input type="checkbox"/> <i>Mycoplasma</i> Rapid Plate Test (MG, MS, or MM)
<input type="checkbox"/> Newcastle Disease Virus (HI)	<input type="checkbox"/> <i>Ornithobacterium rhinotracheale</i> Rapid Plate Test
<input type="checkbox"/> <i>Salmonella pullorum</i> Tube Agglutination Test	<input type="checkbox"/> <i>Salmonella typhimurium</i> Tube Agglutination Test

Other testing not listed:

MOLECULAR**INDIVIDUAL PCR TESTS**

<input type="checkbox"/> Avian Influenza (Poultry)	<input type="checkbox"/> Avian Influenza (Pet/Wild Bird)
<input type="checkbox"/> Avian Paramyxovirus Matrix	<input type="checkbox"/> <i>Mycoplasma gallisepticum</i> and <i>Mycoplasma synoviae</i>
<input type="checkbox"/> <i>Salmonella</i>	<input type="checkbox"/> West Nile Virus

Other testing not listed:

CLINICAL PATHOLOGY

HEMATOLOGY		CHEMISTRY	PARASITOLOGY
<input type="checkbox"/> CBC- Avian	<input type="checkbox"/> Blood Parasite Exam	<input type="checkbox"/> MAXI Panel	<input type="checkbox"/> Fecal Flotation
<input type="checkbox"/> Comprehensive Blood Smear Exam		<input type="checkbox"/> MINI Panel	<input type="checkbox"/> Cryptosporidium Smear
Other testing not listed:			