University of Missouri - Veterinary Medical Diagnostic Laboratory

TIER IV DOCUMENT ID & TITLE: VMDL-F-054A Submission Form Avian

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

EFFECTIVE DATE: 04/06/2023

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

VMDL, PO Box 6023, Columbia, MO 65205

CLIENT INFORMA	TION						
	SUBMITTING VETERINARIA	N		OWNER	/PRODUCER		
Name			Name				
Clinic/Company			Street Addres	SS			
Street Address			City, State, Zi	р			
City, State, Zip			Phone #				
Phone #/Fax #			E-mail Addres	SS			
E-mail Address			Premises ID Required for NP				
FLOCK TYPE:	Breeder □ Commercia	l □ Backyard	I/Pet □ Wild Bird	☐ Other:		-	
REASON FOR SUBM	IISSION: Diagnostic	☐ Monitoring	☐ Regulatory ☐ NP	IP □ Researcl	h □ Other:		
SAMPLE/ANIMA	AL INFORMATION						
Animal Name/Flock II			Age		Days Weeks N	✓ Months □ Years	
Farm/House ID			Sex	□М	☐ F ☐ Mixed	☐ Unknown	
Species/Breed/Strain	1		Flock Size				
Date Sample Collecte	d		Date Sample Se	ent			
Sample Type:	# of Sa	amples:	If for necropsy; # o	f live birds:	# of dead b	oirds:	
HISTORY/CLINIC	AL INFORMATION						
HISTORY: Please inclu	ude clinical signs, onset and d	uration of illness, v	accination status, treatm	ent, flock inform	ation, production, et	tc. below.	
Clinical Problem:	espiratory \square Enteric \square	Neurologic 🗆 F	Reproductive 🗆 Lamer	ness Other:			
	# Sick	# Dead					
Differential Diagnosis	or Disease(s) Suspected:						
PATHOLOGY							
☐ Gross Necropsy	☐ Necropsy and Histopath	☐ Necropsy and Histopathology ☐ Necrop		psy, Histopathology, and Labs		☐ Biopsy/Histopathology Only	
☐ Diagnostician Discr	etion (VMDL Diagnostician w	ill select tests base	d on history provided)	☐ Histopatholo	ogy and Lab Testing ((mailed tissues)	
Other testing not liste	<u>_</u>			-		· ·	
<i>Lab use only:</i> □ Cold F	Pac ☐ Frozen ☐ None ☐ Ro	om Temp.	Sample Condition \square Brol	ken □ Leaked □	Other		
QUALTRAX ID: 3461	1 REVISION #: 1 SECTION: VMDL AUTHORIZATION DATE: 04/06/2023				023		

QA APPROVED: Eric W. Mathis

AUTHORIZED BY: Eric W. Mathis

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ADDITIONAL LINES FOR MULTIPLE ANIMAL/S	SAMPLE SUBMISSIONS
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Na	ime/ID	Species	Breed	Sex	Age		Name/ID	Species	Breed	Sex Age
1						5				
2						6				
3						7				
4						8				

AVIAN SEROLOGY

POULTRY SEROLOGY PANELS					
☐ Chicken ELISA Panel (please circle requested tests below) Available options: IBV, NDV, MG/MS, AE, REO, IBD, ORT	☐ Turkey ELISA Panel (please circle requested tests below) Available options: Bordetella, HEV, NDV, MG/MS, ORT, REO				
INDIVIDUAL SEROLOGICAL TESTS					
☐ Avian Influenza (AGID)	☐ Hemorrhagic Enteritis Virus (AGID)				
☐ <i>Mycoplasma</i> HI (MG, MS, or MM)	☐ Newcastle Disease Virus (HI)				
☐ M. gallisepticum/ M. synoviae ELISA Combo	☐ Salmonella pullorum Tube Agglutination Test				
☐ <i>Mycoplama</i> Rapid Plate Test (MG, MS, or MM)	☐ Salmonella typhimurium Tube Agglutination Test				
Other testing not listed:					

☐ Avian Influenza (Pet/Wild Bird)
☐ Chlamydophila psittaci
☐ Mycoplasma synoviae
☐ Mycoplasma gallisepticum
☐ West Nile Virus

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

☐ Aerobic and Anaerobic Culture ☐ Aerobic Culture		☐ Antir	nicrobial Susceptibility		
☐ Fungal Culture (☐ Litter, ☐ Dermatophyte, or ☐ Systemic)			☐ Salmonella Culture		
Other testing not listed:					

TOXICOLOGY

☐ Anions in Water	☐ Lead in Tissue (liver or kidney)	☐ Mycotoxins in Feedstuffs				
☐ Trace and Toxic Element Panel	by ICP-OES (serum/plasma, liver, kidne	dney) Consult Toxicologist				
Other testing not listed:						

CLINICAL PATHOLOGY

HEMATOLOGY		CHEMISTRY	PARASITOLOGY		
☐ CBC- Avian ☐ Blood Parasite Exam		☐ MAXI Panel	☐ Fecal Flotation		
☐ Comprehensive Blood	Smear Exam	☐ MINI Panel	☐ Cryptosporidium Smear		
Other testing not listed:					

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