# ☖ 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 | |
| Clinic/Company | | Street Address | |
| Street Address | | City, State, Zip | |
| City, State, Zip | | Phone # | |
| Phone #/Fax # | | E-mail Address | |
| E-mail Address | | Premises ID Required for NPIP | |

**FLOCK TYPE:**   ☐ Breeder   ☐ Commercial   ☐ Backyard/Pet   ☐ Wild Bird   ☐ Other:_____

**REASON FOR SUBMISSION:**   ☐ Diagnostic   ☐ Monitoring   ☐ Regulatory   ☐ NPIP   ☐ Research   ☐ Other:_____

## SAMPLE/ANIMAL INFORMATION

| | | | |
|---|---|---|---|
| Animal Name/Flock ID | | Age | ☐ Days ☐ Weeks ☐ Months ☐ Years |
| Farm/House ID | | Sex | ☐ M      ☐ F      ☐ Mixed      ☐ Unknown |
| Species/Breed/Strain | | Flock Size | **(Required field for AI PCR)** |
| Date Sample Collected | | Date Sample Sent | |

Sample Type:_____ # of Samples:_____   **If for necropsy**; # of live birds:_____ # of dead birds:_____

## HISTORY/CLINICAL INFORMATION

**HISTORY:** Please include clinical signs, onset and duration of illness, vaccination status, treatment, flock information, production, etc. below.

**Clinical Problem:** ☐ Respiratory   ☐ Enteric   ☐ Neurologic   ☐ Reproductive   ☐ Lameness   ☐ Elevated mortality   ☐ Other:_____

# In Affected Group _____   # Sick _____   # Dead _____

Differential Diagnosis or Disease(s) Suspected:

## PATHOLOGY

| ☐ Gross Necropsy | ☐ Necropsy and Histopathology | ☐ Necropsy, Histopathology, and Labs | ☐ Biopsy/Histopathology Only |
|---|---|---|---|
| ☐ Diagnostician Discretion (VMDL Diagnostician will select tests based on history provided) | | ☐ Histopathology and Lab Testing (mailed tissues) | |
| **Other testing not listed:** | | | |

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

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|---|---|---|---|
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## ADDITIONAL LINES FOR MULTIPLE ANIMAL/SAMPLE SUBMISSIONS

| | Name/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)** IBV, NDV, MG/MS, AE, REO, IBD, ORT, AMPV, AI | Turkey ELISA Panel **(please circle requested tests below)** *Bordetella,* HEV, NDV, MG/MS, ORT, REO, AMPV, AI |
| :--- | :--- |

**INDIVIDUAL SEROLOGICAL TESTS**

| ☐ Avian Influenza (AGID) | ☐ *Mycoplasma* HI (MG, MS, or MM) |
| :--- | :--- |
| ☐ *M. gallisepticum/ M. synoviae* ELISA Combo | ☐ Newcastle Disease Virus (HI) |
| ☐ *Mycoplama* Rapid Plate Test (MG, MS, or MM) | ☐ *Salmonella pullorum* Tube Agglutination Test |

**Other testing not listed:**

## MOLECULAR

**POULTRY PCR PANELS**

☐ Avian Health Panel (AI, MG, MS, PMV)

**INDIVIDUAL PCR TESTS**

| ☐ Avian Influenza  (Poultry) or ☐ Avian Influenza (Pet/Wild Bird) | ☐ Avian Metapneumovirus |
| :--- | :--- |
| ☐ Avian Paramyxovirus Matrix | ☐ *Chlamydophila psittaci* |
| ☐ Infectious Laryngotracheitis | ☐ *Mycoplasma synoviae* |
| ☐ *Mycoplasma spp.* | ☐ *Mycoplasma gallisepticum* |
| ☐ *Salmonella spp.* | ☐ West Nile Virus |

**Other testing not listed:**

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

| ☐ Aerobic and Anaerobic Culture | ☐ Aerobic Culture | ☐ Antimicrobial 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, kidney) | | ☐ 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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