CVM Veterinary Medical Diagnostic Laboratory Avian Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411 www.vmdl.missouri.edu

FedEx/UPS Address
VMDL, 901 E. Campus Loop, Columbia, MO 65211

US Postal Service Address
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:_____

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					

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 _____

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)	☐ *M. gallisepticum/ M. synoviae* ELISA Combo
☐ *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:			