



**Alabama Veterinary  
Diagnostic Laboratory System**  
www.labs.alabama.gov

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|---|--|--|--|
| <input type="checkbox"/> <b>Thompson Bishop Sparks<br/>State Diagnostic Lab.</b><br>890 Simms Rd.<br>Auburn, AL 36832<br>Ph: (334) 844-4987<br>Fx: (334) 844-7206 | <input type="checkbox"/> <b>Mitchem-Sparks<br/>Diagnostic Lab.</b><br>1833 Industrial Blvd<br>Boaz, AL 35957<br>Ph: (256) 593-2995<br>Fx: (256) 593-2996 | <input type="checkbox"/> <b>Hinton Mitchem<br/>Poultry Diagnostic Lab.</b><br>1001 College Dr.<br>Hanceville, AL 35077<br>Ph: (256) 352-8036<br>Fx: (256) 352-8038 | <input type="checkbox"/> <b>J. B. Taylor<br/>Diagnostic Lab.</b><br>495 State Road 203<br>Elba, AL 36323<br>Ph: (334) 897-6340<br>Fx: (334) 897-8813 |
|---|--|--|--|

<b>AVDL ACCESSION #:</b>		
<b>DATE RECEIVED:</b>	Regional Lab.	Auburn Lab.
<b>CASE COORDINATOR:</b>		
<input type="checkbox"/> CHARGE <input type="checkbox"/> N/C PAID: \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #		
Regional Lab. Tech Initials	Auburn Lab. Tech Initials	
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER:		
Submitted by: <input type="checkbox"/> Company <input type="checkbox"/> Owner <input type="checkbox"/> Other:		

# Poultry Submission Form

**\*ALL submitted samples become the property of AVDL\***

**\*Some tests may be sub-contracted to qualified laboratories. Submitter will be contacted for permission if this will incur additional charges\***

Submitter		Owner	
Company		Farm	House #
Complex	Account#	County	Premise ID
Address		Address	
City	State	Zip	
City	State	Zip	
Phone	Fax	Phone	Fax
Email		Email	

<b>Report to:</b> <input type="checkbox"/> Company <input type="checkbox"/> Company Rep <input type="checkbox"/> Other:	<b>Bill to:</b> <input type="checkbox"/> Company <input type="checkbox"/> Other:
<b>Report preference:</b> <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail	<b>Bill preference:</b> <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail

**\*For multiple animals use the Poultry Multi flock form**

<b>Specimen:</b> #Live Birds _____ #Dead Birds _____ #Swabs _____ #Plates _____ <input type="checkbox"/> Fresh Tissue <input type="checkbox"/> Fixed Tissue <input type="checkbox"/> Serum <input type="checkbox"/> Feed <input type="checkbox"/> Other _____	
<b>Species</b> <input type="checkbox"/> Broiler <input type="checkbox"/> Broiler Breeder <input type="checkbox"/> Breeder <input type="checkbox"/> Layer <input type="checkbox"/> Chicks _____ <input type="checkbox"/> Backyard <input type="checkbox"/> Quail <input type="checkbox"/> Turkey <input type="checkbox"/> Pheasant <input type="checkbox"/> Duck <input type="checkbox"/> Goose <input type="checkbox"/> Psittacine <input type="checkbox"/> Raptor _____ <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> <b>Test Sections</b> <input type="checkbox"/> Necropsy <input type="checkbox"/> Disposal Only <input type="checkbox"/> Histopathology <input type="checkbox"/> Cytology <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Virology <input type="checkbox"/> Molecular/PCR <input type="checkbox"/> Serology <input type="checkbox"/> Toxicology <input type="checkbox"/> Parasitology <input type="checkbox"/> AUCVM <input type="checkbox"/> HOLD <input type="checkbox"/> Other: <input type="checkbox"/> Other:
<b>Sex</b> <input type="checkbox"/> Males# <input type="checkbox"/> Females# <input type="checkbox"/> M & F	<b>Age</b> <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days
<b>Flock Information</b> #Houses _____ #Birds/house _____  Mortality Today: _____ Yesterday: _____ 3 Days ago: _____ Vaccines: Problem Description:	<b>Regional Lab Tests</b> <input type="checkbox"/> Necropsy <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Serology <input type="checkbox"/> HOLD <input type="checkbox"/> Parasitology <input type="checkbox"/> Other: <input type="checkbox"/> MG/MS Plate Test
<b>Parasitology</b>	
Bursa _____ Thymus _____ <i>E. acervulina</i> _____ <i>E. maxima</i> _____ <i>E. necatrix</i> _____ <i>E. tenella</i> _____ Coccidia sp. _____	Histomonas _____ Ascaridia _____ Capillaria _____ Heterakis _____ Tapes _____ Other _____ Other _____

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Indicate all submitted samples and the appropriate test section(s). If no tests are selected, tests will be performed at the discretion of the pathologist\*

\*The appropriate sample must be submitted for the test to be performed\*

Specimens & Tests				Accession #
<b>Bacteriology/Mycology</b>		<b>Virology</b>		
<b>Specimen</b> <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Skin <input type="checkbox"/> Lymph Node <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Sm. Intestine <input type="checkbox"/> Lg. Intestine/Cecum <input type="checkbox"/> Joint/Bone Marrow <input type="checkbox"/> Swab <input type="checkbox"/> _____ <input type="checkbox"/> Abscess/Lesion <input type="checkbox"/> Choana <input type="checkbox"/> Cloaca <input type="checkbox"/> Air sac <input type="checkbox"/> Joint <input type="checkbox"/> Cytology/impression slide <input type="checkbox"/> Other:	<b>Mammal / Avian Tests</b> <input type="checkbox"/> Aerobic culture/sensitivity <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Other: <b>Mammal Tests</b> <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> Johne's culture <input type="checkbox"/> Listeria <b>Avian Tests</b> <input type="checkbox"/> Botulinum toxin bioassay (Type C) <b>Stains</b> <input type="checkbox"/> Gram stain <input type="checkbox"/> Acid fast stain <input type="checkbox"/> Auramine-O acid fast (Cryptosporidium) <input type="checkbox"/> Fluorescent antibody (Blackleg) <input type="checkbox"/> Other: <b>Instructions:</b>	<b>Specimen</b> <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Lesion <input type="checkbox"/> Lymph Node <input type="checkbox"/> Trachea <input type="checkbox"/> Cecal Tonsil <input type="checkbox"/> Thymus <input type="checkbox"/> Conjunctiva <input type="checkbox"/> Tendon <input type="checkbox"/> Feces <input type="checkbox"/> Sm. Intestine <input type="checkbox"/> Swab: <input type="checkbox"/> _____ <input type="checkbox"/> Eye <input type="checkbox"/> Nasal <input type="checkbox"/> Other:	<b>Mammal Tests</b> <b>Feline</b> <input type="checkbox"/> Calicivirus FA <input type="checkbox"/> FIP FA <input type="checkbox"/> Panleukopenia virus FA <input type="checkbox"/> Viral rhinotracheitis FA <b>Canine</b> <input type="checkbox"/> Coronavirus FA <input type="checkbox"/> Distemper virus FA <input type="checkbox"/> Adenovirus FA <input type="checkbox"/> Herpesvirus FA <input type="checkbox"/> Parvovirus FA <b>Bovine</b> <input type="checkbox"/> Coronavirus FA <input type="checkbox"/> Parainfluenza 3 FA <input type="checkbox"/> BVD Ear Notch ELISA <b>Ovine/ Caprine</b> <input type="checkbox"/> Contagious ecthyma FA <b>Mammal Miscellaneous</b> <input type="checkbox"/> Rotavirus ELISA <input type="checkbox"/> Other:	<b>Avian Tests</b> <input type="checkbox"/> Adenovirus <input type="checkbox"/> Enteric Virus profile <input type="checkbox"/> Astrovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Reovirus (VA, Enteric) <input type="checkbox"/> Reticuloendotheliosis virus <input type="checkbox"/> Pox <input type="checkbox"/> Respiratory Virus Profile (IBV, NDV, LTV, AIV) <input type="checkbox"/> Other: <b>Instructions:</b>
<b>Toxicology</b>		<b>Molecular/PCR</b>		
<b>Specimen</b> <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Stomach Contents <input type="checkbox"/> Crop/Gizzard Cts. <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Hair <input type="checkbox"/> Fat <input type="checkbox"/> Vitreous Humor <input type="checkbox"/> Aqueous Humor <input type="checkbox"/> Feed <input type="checkbox"/> Hay <input type="checkbox"/> Other: <b>Instructions:</b>	<b>Tests</b> <input type="checkbox"/> Cyanide <input type="checkbox"/> Ethylene Glycol <input type="checkbox"/> Insecticide screen <input type="checkbox"/> Rodenticide screen <input type="checkbox"/> Arsenic <input type="checkbox"/> Cadmium <input type="checkbox"/> Calcium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Chromium <input type="checkbox"/> Copper <input type="checkbox"/> Iron <input type="checkbox"/> Lead <input type="checkbox"/> Magnesium <input type="checkbox"/> Potassium <input type="checkbox"/> Selenium <input type="checkbox"/> Vitamin A <input type="checkbox"/> Vitamin E <input type="checkbox"/> Sodium/Salt <input type="checkbox"/> Zinc <input type="checkbox"/> Nitrate & Nitrite <input type="checkbox"/> pH <input type="checkbox"/> Mycotoxin-Aflatoxin <input type="checkbox"/> Ionophores <input type="checkbox"/> Nutrient Panel: fat, fiber, protein, Urea(NPN) <input type="checkbox"/> Feed visual exam <input type="checkbox"/> Bone ash <input type="checkbox"/> Urolith analysis <input type="checkbox"/> Other: <input type="checkbox"/> Other:	<b>Specimen</b> <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Thymus <input type="checkbox"/> Brain <input type="checkbox"/> Intestine <input type="checkbox"/> Swab: <input type="checkbox"/> _____ <input type="checkbox"/> Cloaca (BHI) <input type="checkbox"/> Pharyngeal(BHI) <input type="checkbox"/> Trachea <input type="checkbox"/> Brain,Heart,Spleen <input type="checkbox"/> Other: <b>Instructions:</b>	<b>Mammal Tests</b> <b>Bovine</b> <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> BRSV <input type="checkbox"/> BVDV <input type="checkbox"/> Chlamydia <input type="checkbox"/> IBR <input type="checkbox"/> Mycoplasma <input type="checkbox"/> Tritrichomonas PCR <b>Cervid</b> <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> EHDV <b>Equine</b> <input type="checkbox"/> EEE <input type="checkbox"/> EHV-1 <input type="checkbox"/> EVA <input type="checkbox"/> WNV <b>Miscellaneous</b> <input type="checkbox"/> Mycoplasma <input type="checkbox"/> WNV	<b>Avian Tests</b> <input type="checkbox"/> Mycoplasma gallisepticum (MG) <input type="checkbox"/> Mycoplasma synoviae (MS) <input type="checkbox"/> Avibacterium paragallinarum <input type="checkbox"/> Respiratory Virus Profile <input type="checkbox"/> LT <input type="checkbox"/> IBV <input type="checkbox"/> AI <input type="checkbox"/> NDV <input type="checkbox"/> Enteric Virus profile <input type="checkbox"/> Astrovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Reovirus <input type="checkbox"/> Chicken Infectious Anemia <input type="checkbox"/> Avian Leukosis virus subgroup J <input type="checkbox"/> Adenovirus <input type="checkbox"/> Polyomavirus <input type="checkbox"/> WNV <input type="checkbox"/> EEE
<b>AUCVM/Parasitology</b>				
<input type="checkbox"/> Fecal flotation <input type="checkbox"/> Protozoa, coccidia <input type="checkbox"/> Zinc Sulfate Flotation (Giardia) <input type="checkbox"/> McMasters Egg Count <input type="checkbox"/> Parasite identification <input type="checkbox"/> Other:				
<b>Avian Serology</b>	<b>Mammal Serology</b>	<b>Pathology (Necropsy/Practitioner Necropsy)</b>		
<b>terial Serology</b> <input type="checkbox"/> Mycoplasma gallisepticum <input type="checkbox"/> Mycoplasma synoviae <input type="checkbox"/> Mycoplasma HI test <input type="checkbox"/> Salmonella pullorum <input type="checkbox"/> Salmonella other <input type="checkbox"/> Other: <b>Viral Serology</b> <input type="checkbox"/> Avian Encephalomyelitis <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Chicken Infectious Anemia <input type="checkbox"/> Infectious Bronchitis <input type="checkbox"/> Infectious Bursal Disease <input type="checkbox"/> Newcastle (paramyxovirus type 1) <input type="checkbox"/> Reovirus <input type="checkbox"/> Pneumovirus (referred to NVSL) <input type="checkbox"/> Other: <b>Instructions:</b>	<b>Bovine</b> <input type="checkbox"/> Abortion panel <input type="checkbox"/> Anaplasmosis <input type="checkbox"/> Bluetongue virus <input type="checkbox"/> Bovine brucellosis <input type="checkbox"/> Bovine leukosis virus <input type="checkbox"/> BRSV SN <input type="checkbox"/> BVDV SN <input type="checkbox"/> IBR SN <input type="checkbox"/> PI3 SN <input type="checkbox"/> Johne's disease <input type="checkbox"/> Neosporosis <b>Ovine/Caprine</b> <input type="checkbox"/> CAE <input type="checkbox"/> Ovine brucellosis <input type="checkbox"/> Ovine progressive pleuropneumonia <b>Porcine</b> <input type="checkbox"/> Brucellosis <input type="checkbox"/> Pseudorabies	<input type="checkbox"/> Brain <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Heart <input type="checkbox"/> Spleen <input type="checkbox"/> Lymph Node <input type="checkbox"/> Stomach <input type="checkbox"/> Rumen <input type="checkbox"/> Intestine <input type="checkbox"/> Cecum <input type="checkbox"/> Colon <input type="checkbox"/> Placenta <input type="checkbox"/> Uterus <input type="checkbox"/> Trachea <input type="checkbox"/> Bursa <input type="checkbox"/> Proventriculus <input type="checkbox"/> Gizzard <input type="checkbox"/> Eyelid <input type="checkbox"/> Thymus <input type="checkbox"/> Other: <input type="checkbox"/> Other:		
		<b>Surgical Pathology</b>		
		<input type="checkbox"/> Mass <input type="checkbox"/> Multiple Masses <input type="checkbox"/> Lesion: Duration: _____ Distribution: _____ Treatment: _____ Response: _____ Diagnosis/Differential: _____		