

Avian Submission Form

Clinic: _____ Address: _____ Email: _____ Phone: _____ Veterinarian: _____ Submitters Signature: _____ Additional Contacts Email: _____	Owner/Farm Name: _____ Location/Premise ID: _____ Animal or Barn ID: _____ Species: _____ Breed: _____ Age: _____ Age Unit (d/w/m/y): _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> MN <input type="checkbox"/> F <input type="checkbox"/> FS <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed <input type="checkbox"/> Broiler <input type="checkbox"/> Broiler breeder <input type="checkbox"/> Egg Layer <input type="checkbox"/> Egg Layer breeder <input type="checkbox"/> Backyard/Pet <input type="checkbox"/> Commercial Turkey <input type="checkbox"/> Breeder Turkey <input type="checkbox"/> Other bird type
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<input type="checkbox"/> Rabies Suspect <input type="checkbox"/> Other Zoonotic Suspect, Specify: _____ <input type="checkbox"/> Criminal-Legal Case ^{^±} <input type="checkbox"/> Medicolegal Case [±] <input type="checkbox"/> Insurance Case [±]	
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<input type="checkbox"/> Diagnostic <input type="checkbox"/> Surveillance/Monitoring <input type="checkbox"/> Export/Sales	Bill To: <input type="checkbox"/> Clinic <input type="checkbox"/> Internal Account (choose from the below) <input type="checkbox"/> 4 th Year Student, please indicate name: _____ <input type="checkbox"/> UCVI Intern, please indicate name: _____ <input type="checkbox"/> Research, provide name and account string: _____ <input type="checkbox"/> Scholarly Activity, please indicate name: _____
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Sample Type</th> <th style="width: 20%;">Number of Samples Submitted</th> <th style="width: 20%;">Received (lab use only)</th> </tr> <tr><td>Blood</td><td></td><td></td></tr> <tr><td>Feces</td><td></td><td></td></tr> <tr><td>Fluid</td><td></td><td></td></tr> <tr><td>Fixed Tissue</td><td></td><td></td></tr> <tr><td>Fresh Tissue</td><td></td><td></td></tr> <tr><td>Serum</td><td></td><td></td></tr> <tr><td>Slide</td><td></td><td></td></tr> <tr><td>Swab</td><td></td><td></td></tr> <tr><td>Urine</td><td></td><td></td></tr> <tr><td>Whole Body</td><td></td><td></td></tr> <tr><td>Other:</td><td></td><td></td></tr> </table>	Sample Type	Number of Samples Submitted	Received (lab use only)	Blood			Feces			Fluid			Fixed Tissue			Fresh Tissue			Serum			Slide			Swab			Urine			Whole Body			Other:			Relevant History, including treatments (<i>please do NOT attach medical records</i>): <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
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Whole Body																																					
Other:																																					

Date Sample Collected: _____	Presumptive Diagnosis: _____
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<u>Anatomic Pathology*</u> <input type="checkbox"/> Surgical biopsy, site: _____ <input type="checkbox"/> Necropsy – field <input type="checkbox"/> Necropsy – whole body <input type="checkbox"/> Permission to run C & S on up to 3 tissues at discretion of the pathologist. (\$75 charge or \$55 for AB Supported) <div style="background-color: yellow; padding: 2px; margin-top: 5px;">*Proceed to page 2</div>	<u>Bacteriology/ Mycology</u> Specimen & site: <input type="checkbox"/> Routine culture & susceptibility (C & S) <input type="checkbox"/> Fungal culture <input type="checkbox"/> Environmental culture <input type="checkbox"/> Other: _____	<u>Cytology</u> Site(s): <input type="checkbox"/> Fluid <input type="checkbox"/> Smear (FNA, impression) <input type="checkbox"/> Blood smear review	<u>Parasitology</u> <input type="checkbox"/> Routine fecal float <input type="checkbox"/> Fecal oocyst/egg count	<u>PCR</u> <i>Coming soon!</i>	<u>Serology**</u> <input type="checkbox"/> AE <input type="checkbox"/> AMPV <input type="checkbox"/> IBD <input type="checkbox"/> IBV <input type="checkbox"/> MG <input type="checkbox"/> MS <input type="checkbox"/> NDV <input type="checkbox"/> REO <div style="background-color: yellow; padding: 2px; margin-top: 5px;">**Fill out age above and vaccination history on page 2</div>	<u>Send Out Tests</u> <input type="checkbox"/> Other, specify _____
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Anatomic Pathology Additional Information

Number of animals submitted: _____ Flock Size: _____ Date of death: _____

Number of animals at risk: _____ Number of animals sick: _____ Number of animals dead: _____

First week mortality: _____ Daily mortality: _____

Vaccinated? ☐ Unknown ☐ No ☐ Yes, please specify: _____

Type of Flock ☐ Conventional ☐ Antibiotic free

Coccidiosis Program ☐ Yes ☐ No ☐ Unknown

Feed, water source, minerals, supplements:

Recent additions/changes:

Euthanized? ☐ No ☐ Yes, specify method/route: _____

Fresh tissues submitted (please list):

Post-mortem findings:

PLEASE NOTE: SAMPLES SUBMITTED FOR TESTING BECOME THE PROPERTY OF THE UCVF AND MAY BE USED FOR EDUCATIONAL PURPOSES.

The submitting veterinarian is responsible for the requested tests, fees associated with the submission, and for all communication with the owner. The submitter acknowledges and agrees that the DSU may share test results and contact information necessary for the purpose of relevant federal and provincial legislation regarding reportable or notifiable diseases and for the purpose of surveillance of animal or public health in Alberta.