

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: ☐ M ☐ MN ☐ F ☐ FS ☐ Unknown ☐ Mixed ☐ Broiler ☐ Broiler breeder ☐ Egg Layer ☐ Egg Layer breeder ☐ Backyard/Pet ☐ Commercial Turkey ☐ Breeder Turkey ☐ Other bird type
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☐ Rabies Suspect ☐ Other Zoonotic Suspect, Specify: _____ ☐ Criminal-Legal Case [±] ☐ Medicolegal Case [±] ☐ Insurance Case [±]	
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☐ Diagnostic ☐ Surveillance/Monitoring ☐ Export/Sales	Bill To: ☐ Clinic ☐ Internal Account (choose from the below) ☐ 4 th Year Student, please indicate name: _____ ☐ UCVI Intern, please indicate name: _____ ☐ Research, provide name and account string: _____ ☐ Scholarly Activity, please indicate name: _____
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Sample Type</th> <th style="width: 15%;">Number of Samples Submitted</th> <th style="width: 15%;">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>):
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Date Sample Collected: _____	Presumptive Diagnosis: _____
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<u>Anatomic Pathology*</u> ☐ Surgical biopsy, site: ☐ Necropsy – field ☐ Necropsy – whole body ☐ Permission to run C & S on up to 3 tissues at discretion of the pathologist. (\$75 charge or \$55 for AB Supported) *Proceed to page 2	<u>Bacteriology/ Mycology</u> Specimen & site: Routine culture & susceptibility (C & S) Fungal culture Environmental culture <i>C. difficile</i> culture Other:	<u>Cytology</u> Site(s): ☐ Fluid ☐ Smear (FNA, impression) ☐ Blood smear review	<u>Parasitology</u> ☐ Routine fecal float ☐ Fecal oocyst/egg count	<u>PCR</u> ☐ aMPV ⁺	<u>Serology**</u> ☐ AE ☐ AMPV ⁺ ☐ IBD ☐ IBV ☐ MG ☐ MS NDV ⁺ ☐ REO **Fill out age above and vaccination history on page 2	<u>Send Out Tests</u> ☐ 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.