VETERINARY DIAGNOSTIC LABORATORY

UofA UNIVERSITY OF ARKANSAS DIVISION OF AGRICULTURE

2200 W. Deane Street
Fayetteville, AR 72703
PH (479) 575-4827
FAX (479) 575-4832

POULTRY SUBMISSION FORM

CASE # _____

DATE RECEIVED: _____

PLEASE COMPLETE ALL ACCOUNTING INFORMATION

_____

Company | Farm/Grower ID | Complex ID | Phone

_____

Send Results & Invoice To: | Address | FAX | Email

PLEASE COMPLETE ALL SUBMISSION INFORMATION

Submitted by (Your Name and Cell Phone #) _____

Samples Submitted: *Birds - #Live* _____ *#Dead* _____ *Other Samples Submitted:* _____

Bird Type: *Broiler* ☐ *Broiler Breeder* ☐ *Turkey* ☐ *Turkey Breeder* ☐ *Commercial Layer* ☐ *Other* _____

Age of Birds: _____*wks*_____*days* **Mortality:** _____ **Disease Suspected:** _____

Describe clinical signs observed in the flock: _____

PLEASE CHECK ALL TESTS REQUESTED

Pathology
- ☐ Necropsy
- ☐ Histopathology

Microbiology
- ☐ Aerobic (Routine) Culture
- ☐ Salmonella Culture
- ☐ Anaerobic Culture
- ☐ Mycotic/Fungal Culture
- ☐ Antibiotic Sensitivity

PCR
(Specify)_____

Virology
(Specify)_____

Other
(Specify)_____

Table For Multiple Flock Use

Flock ID	Age	#Samples	Case #

Serology
- ☐ MG
- ☐ MS
- ☐ MM
- ☐ Avian Influenza
- ☐ Laryngotracheitis
- ☐ Newcastle
- ☐ Bronchitis
- ☐ IBD
- ☐ Reovirus
- ☐ CAV
- ☐ Leukosis
- ☐ A.E.
- ☐ H.E.
- ☐ Bordetella
- ☐ Turkey NCDV
- ☐ ORT
- ☐ Turkey Corona V

HI
(Specify)_____