

AVIAN HEALTH SUBMISSION FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St
 West Lafayette, IN 47907-2065
 P: 765-494-7440 F: 765-494-9181

HEEKE ADDL - SIPAC
 11367 E Purdue Farm Road
 Dubois, IN 47527-9666
 P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY		OPENED BY:
DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

ADDL BARCODE

VETERINARIAN:

Name _____
 Indiana License # _____
 Clinic _____
 Address _____
 City, State, ZIP _____
 Phone _____ Fax _____
 Results: Fax Email _____
 Additional Results by:
 Email _____ Fax _____

ANIMAL:

Site/Farm/Unit _____
 Address _____
 City, State, ZIP _____
 Site/Farm/Unit Phone _____

Premise ID _____

**PREMISE ID
 BARCODE**

OWNER:

Name _____
 Address _____
 City, State, ZIP _____

Bill to Veterinarian Bill to Owner (Phone) _____ Purdue Fund _____
 Bill to Third Party (Name/Phone) _____ RIO/SIO _____

HISTORY: Clinical Problem: Respiratory Enteric Neurologic Reproductive Other
 Age ____ day wk mo yr # On Site ____ # In Affected Group ____ # Sick ____ # Dead ____ Breed _____

Type:

- Backyard
- Breeder
- Broiler
- Caged bird
- Game bird
- Layer
- Raptor
- Turkey
- Waterfowl
- Wild bird
- Other

Differential Diagnosis or Disease(s) Suspected _____

- Legal/Insurance
 Necropsy Abortion Protocol Histopathology Serology (see page 2)
 Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided)
If no tests are marked, 'Diagnostician Discretion' will be assumed.

SAMPLES SUBMITTED:

Please visit www.addl.purdue.edu for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Sample Type	Fresh, chilled	Formalin fixed	Date Taken
1						<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	

AVIAN HEALTH SUBMISSION FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

All requested tests will be run on all samples, unless otherwise indicated in the "Samples" field (e.g. 1 - 4 Aerobic Culture 5 Salmonella (PCR))

VETERINARIAN:

Name _____

OWNER:

Name _____

AVIAN INFLUENZA (AI) TESTING

If submitting samples for a potential incident, please use CF.901 Commercial Poultry Incident Form

Samples have been pooled according to USDA guidelines (PCR only)

3mL BHI pool of 5 swabs 5.5mL BHI pool of 11 swabs

- ___ Avian Influenza Virus (PCR) ___ Avian Influenza Virus (AGID)
 ___ Avian Influenza Virus (ACIA) ___ Avian Influenza Virus (ELISA)

MOLECULAR DIAGNOSTICS Save Isolate

- ___ C. psitacci (PCR) ___ Salmonella (PCR)
 ___ Infectious Laryngotracheitis Virus (PCR) ___ Turkey Coronavirus (PCR)
 ___ West Nile Virus (PCR)
 ___ Mycoplasma gallisepticum (PCR)
 ___ Mycoplasma synoviae (PCR)
 ___ Newcastle Disease Virus (PCR)
 ___ Other: _____

BACTERIOLOGY Save Isolate

List suspected pathogen(s):

Pool samples if possible (at the discretion of the lab)

- ___ Aerobic Culture ___ Drag Swab Test
 ___ Anaerobic Culture ___ Fungal Culture
 ___ Antimicrobial Susceptibility ___ Mycoplasma Culture
 ___ Campylobacter Culture ___ Salmonella Culture
 ___ Other: _____

SEROLOGY

Date Bled: _____ # Samples: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> ___ Adenovirus (AGID) | <input type="checkbox"/> ___ Infectious Bursal Disease (IBD) (ELISA) | <input type="checkbox"/> ___ Newcastle Disease Virus (NDV) (ELISA) |
| <input type="checkbox"/> ___ Avian Encephalomyelitis (AE) (ELISA) | <input type="checkbox"/> ___ Infectious Laryngotracheitis (ILT) (ELISA) | <input type="checkbox"/> ___ Newcastle Disease Virus (NDV) (HI) |
| <input type="checkbox"/> ___ Avian Influenza (AI) (ACIA) | <input type="checkbox"/> ___ Mycoplasma gallisepticum (MG) (ELISA) | <input type="checkbox"/> ___ Ornithobacterium rhinotracheitis (PAT) |
| <input type="checkbox"/> ___ Avian Influenza (AI) (AGID) | <input type="checkbox"/> ___ Mycoplasma gallisepticum (MG) (HI) | <input type="checkbox"/> ___ Reovirus (REO) (ELISA) |
| <input type="checkbox"/> ___ Avian Influenza (AI) (ELISA) | <input type="checkbox"/> ___ Mycoplasma gallisepticum (MG) (PAT) | <input type="checkbox"/> ___ Salmonella pullorum (PAT) |
| <input type="checkbox"/> ___ Bordetella Avium (BA) (ELISA) | <input type="checkbox"/> ___ Mycoplasma synoviae (MS) (ELISA) | <input type="checkbox"/> ___ Salmonella pullorum (TT) |
| <input type="checkbox"/> ___ Hemorrhagic Enteritis (HE) (ELISA) | <input type="checkbox"/> ___ Mycoplasma synoviae (MS) (HI) | <input type="checkbox"/> ___ T-12 Program |
| <input type="checkbox"/> ___ Infectious Bronchitis Virus (IBV) (ELISA) | <input type="checkbox"/> ___ MG/MS (ELISA) | <input type="checkbox"/> ___ Turkey Coronavirus (IFA) |
| <input type="checkbox"/> ___ Other: _____ | | |

VIROLOGY Save Isolate

List suspected virus(es):

- ___ Virus Isolation (VI)
 ___ Electron Microscopy (EM)
 ___ Other: _____

TOXICOLOGY

List suspected toxin(s)/toxicant(s):

- | | |
|---|--|
| <input type="checkbox"/> ___ Anticoagulant | <input type="checkbox"/> ___ Phosphorus |
| <input type="checkbox"/> ___ Arsenic | <input type="checkbox"/> ___ Selenium |
| <input type="checkbox"/> ___ Bone Screen | <input type="checkbox"/> ___ Selenium/Vitamin E Screen |
| <input type="checkbox"/> ___ Calcium | <input type="checkbox"/> ___ Sodium |
| <input type="checkbox"/> ___ Copper | <input type="checkbox"/> ___ Vitamin E |
| <input type="checkbox"/> ___ GC/MS Toxicant Screen | <input type="checkbox"/> ___ Water Quality Screen |
| <input type="checkbox"/> ___ Heavy Metal Screen | <input type="checkbox"/> ___ Zinc |
| <input type="checkbox"/> ___ Lead | |
| <input type="checkbox"/> ___ Mycotoxin Screen (AFB, DON, ZEA) | |
| <input type="checkbox"/> ___ Single Mycotoxin: _____ | |
| <input type="checkbox"/> ___ Other: _____ | |

PARASITOLOGY

List suspected parasite(s):

- | | |
|---|--|
| <input type="checkbox"/> ___ Fecal flotation, Qualitative | <input type="checkbox"/> ___ Fecal exam, Direct |
| <input type="checkbox"/> ___ Fecal flotation, Quantitative | <input type="checkbox"/> ___ Fecal exam, Sedimentation |
| <input type="checkbox"/> ___ Fecal flotation, Qualitative ZnSO ₄ | <input type="checkbox"/> ___ Parasite identification |