

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 # PAGES:

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	

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

ADDL 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"/>	

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Visit us at www.addl.purdue.edu

AVIAN HEALTH SUBMISSION FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

VETERINARIAN:

Name _____

OWNER:

Name _____

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

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

- ___ Avian Rotavirus A & D (PCR) ___ Astrovirus (PCR)
 ___ Mycoplasma gallisepticum (PCR) ___ C. psittaci (PCR)
 ___ Mycoplasma synoviae (PCR) ___ Reovirus, enteric (PCR)
 ___ MS/MG Duplex (PCR) ___ Salmonella (PCR)
 ___ Mycoplasma spp. (PCR) ___ Turkey Coronavirus (PCR)
 ___ Newcastle Disease Virus (PCR) ___ West Nile Virus (PCR)
 ___ Avibacterium paragallinarum (PCR)
 ___ Infectious Laryngotracheitis Virus (PCR)
 ___ Turkey Coronavirus S-Gene Sequencing (PCR)
 ___ Turkey Enteric Panel (PCR)
(Avian Rotavirus A & D, Astrovirus, Reovirus, Turkey Coronavirus)
 ___ Avian Respiratory PCR Panel (PCR)
(MS, MG, ILT, NDV)
 ___ Other: _____

PARASITOLOGY

List suspected parasite(s):

- ___ Fecal flotation, Qualitative ___ Fecal exam, Direct
 ___ Fecal flotation, Quantitative ___ Fecal exam, Sedimentation
 ___ Fecal flotation, Qualitative ZnSO₄ ___ Parasite identification

SEROLOGY

Date Bled: _____ # Samples: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> ___ Avian Encephalomyelitis (AE) (ELISA) | <input type="checkbox"/> ___ Mycoplasma gallisepticum (MG) (ELISA) | <input type="checkbox"/> ___ Newcastle Disease Virus (NDV) (HI) |
| <input type="checkbox"/> ___ Avian Metapneumovirus (AMPV) (ELISA) ¹ | <input type="checkbox"/> ___ Mycoplasma gallisepticum (MG) (HI) | <input type="checkbox"/> ___ Ornithobacterium rhinotracheitis (PAT) ¹ |
| <input type="checkbox"/> ___ Bordetella Avium (BA) (ELISA) ¹ | <input type="checkbox"/> ___ Mycoplasma gallisepticum (MG) (PAT) | <input type="checkbox"/> ___ Reovirus (REO) (ELISA) |
| <input type="checkbox"/> ___ Hemorrhagic Enteritis (HE) (ELISA) ¹ | <input type="checkbox"/> ___ Mycoplasma synoviae (MS) (ELISA) | <input type="checkbox"/> ___ Salmonella pullorum (PAT) |
| <input type="checkbox"/> ___ Infectious Bronchitis Virus (IBV) (ELISA) | <input type="checkbox"/> ___ Mycoplasma synoviae (MS) (HI) | <input type="checkbox"/> ___ Salmonella pullorum (TT) |
| <input type="checkbox"/> ___ Infectious Bursal Disease (IBD) (ELISA) | <input type="checkbox"/> ___ MG/MS (ELISA) | <input type="checkbox"/> ___ T-12 Program |
| <input type="checkbox"/> ___ Infectious Laryngotracheitis (ILT) (ELISA) | <input type="checkbox"/> ___ Newcastle Disease Virus (NDV) (ELISA) | <input type="checkbox"/> ___ Turkey Coronavirus (IFA) ¹ |
| <input type="checkbox"/> ___ Other: _____ | | |

¹ Only performed at the HEEKE lab