

**Pennsylvania Animal Diagnostic Laboratory**  
**System Avian Necropsy Submission Form**

Pennsylvania State University  
Animal Diagnostic Laboratory  
131 Pastureview Rd University  
Park, PA 16802  
(814) 863-0837  
ADLSubmissions@psu.edu

University of Pennsylvania  
New Bolton Center  
382 West Street Rd Kennett  
Square, PA 19348  
(610) 925-6710

Pennsylvania Department of Agriculture  
Pennsylvania Veterinary Laboratory  
2305 North Cameron Street Harrisburg,  
PA 17110-9408  
(717) 787-8808  
PVLSUBMIT@pa.gov

Accession No. \_\_\_\_\_  
Data Entry \_\_\_\_\_  
Case Coordinator \_\_\_\_\_  
Date Submitted \_\_\_\_\_

**FOR LAB USE ONLY**

**Owner/Company:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Report      Bill to

**Submitter/Service Person:** \_\_\_\_\_

Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Report      Bill to

**Vet/Field Agent:** \_\_\_\_\_

Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Report      Bill to

**Other:** \_\_\_\_\_

Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Report      Bill to

**Animal/Premises Information:**

Age: \_\_\_\_\_  
Species: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_  
  
☐ Live   ☐ Dead   ☐ Euthanized (method) \_\_\_\_\_  
Date of Death \_\_\_\_\_  
Production Type: \_\_\_\_\_  
Farm Name: \_\_\_\_\_  
Federal/State Premises ID #: \_\_\_\_\_  
Premises Address: \_\_\_\_\_  
\_\_\_\_\_  
Flock ID/House #/Animal ID: \_\_\_\_\_

**COLLECTION DATE:** \_\_\_\_\_

<b><u>Specimens Submitted:</u></b>	<b><u>#Submitted</u></b>
Animal(s)	_____
Eggs/Egg Pools	_____
Environmental	_____
Feces	_____
Feed	_____
Serum/Clotted blood	_____
Tissue, Fixed	_____
Tissue, Fresh	_____
Referral Plate	_____
Swab(s)      (source)	_____
Other	_____

**HISTORY**

No. in affected flock: \_\_\_\_\_ Date of onset of flock problem: \_\_\_\_\_  
No. of flocks on farm: \_\_\_\_\_ Total number of birds on farm: \_\_\_\_\_  
Reason for submission (mortality, growth issues, production, clinical signs): \_\_\_\_\_

Vaccination/medication history (attach records if available): \_\_\_\_\_

Accession # \_\_\_\_\_

**Gross Necropsy Findings**