

Avian Submission Form

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PennState

Accession No.	_____
Data Entry	_____
Case Coordinator	_____
Date Submitted	_____
FOR LABORATORY USE ONLY	

<http://adl.psu.edu>

adlhelp@psu.edu

Owner/Company: _____

Address: _____

County: _____
Phone: _____

Report Distribution: Do not send
 E-mail: _____
 FAX _____ US Mail

Submitter/Service Person: _____

Business: _____
Address: _____

County: _____
Phone: _____

Report Distribution: Do not send
 E-mail: _____
 FAX _____ US Mail

Bill to: Account number: _____

Owner Vet Practice Submitter Other

Invoice by: Fax US Mail Email: _____

Vet/Field Agent: _____

Business: _____
Address: _____

County: _____
Phone: _____

Report Distribution: Do not send
 E-mail: _____
 FAX _____ US Mail

Other: _____

Business: _____
Address: _____

County: _____
Phone: _____

Report Distribution: Do not send
 E-mail: _____
 FAX _____ US Mail

Premise/Animal Information:

Age: ___ d ___ w ___ y
 Adult Juvenile Embryo Unknown

Species: _____

Breed: _____ Sex: _____

Date of Death _____
 Natural Death Euthanized (method) _____

Production Type: _____

Farm Name: _____

Federal/State Premise ID #: _____

Premise Address: _____

Flock ID/House #/Animal ID: _____

Specimens Submitted: #Submitted

Animal(s)	_____
Eggs/Egg Pools	_____
Environmental	_____
Feces	_____
Feed	_____
Serum/Clotted blood	_____
Tissue, Fixed	_____
Tissue Fresh	_____
Referral Plate	_____
Swab(s) (source)	_____
Other	_____

Date submitted:

Accession #:

AVIAN 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 pattern: _____

Growth pattern/rate/issues: _____

Egg production issues: _____

Clinical signs:

Respiratory: _____

Gastrointestinal: _____

Musculoskeletal: _____

Nervous: _____

Integument (skin): _____

Feed, water consumption: _____

Vaccine history:

Date of most recent vaccination: _____

Type of most recent vaccination: _____

Vaccination reaction observed: _____

Additional vaccination info: _____

Medication history:

Recent medication(s) administered: _____

Date begun: _____ Date ended: _____

Type(s): _____

Additional info: _____

Management/Nutrition history: _____

A submission of specimens for diagnostic purposes constitutes your acknowledgement that some tests may be performed at other laboratories

Submission forms and additional information may be found on our website <http://adl.psu.edu>

Accession # _____

Gross Necropsy Findings