

Avian Submission Form

Animal Diagnostic Laboratory
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PennState
College of
Agricultural Sciences

<http://adl.psu.edu> adlhelp@psu.edu

Accession No. _____
Data Entry _____
Case Coordinator _____
Date Submitted _____

FOR LABORATORY USE ONLY

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

COLLECTION DATE: _____

Premises/Animal Information:

Age: ___ d ___ w ___ m ___ y

Adult Juvenile Embryo Unknown

Species: _____

Breed: _____ Sex: _____

Date of Death _____

Natural Death Euthanized (method) _____

Production Type: _____

Farm Name: _____

Federal/State Premises ID #: _____

Premises 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