VETERINARY DIAGNOSTIC LABORATORY

DIVISION OF AGRICULTURE
RESEARCH & EXTENSION
University of Arkansas System

For Office use

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POULTRY SUBMISSION FORM

CASE # _____
DATE RECEIVED: _____
RECEIVING STAFF: _____
☐ After Hours Drop-off

ACCOUNTING INFORMATION

Company | Farm/Grower ID | Complex Name | Contact Phone

Send Results & Invoice to Names: | Address | Email(s) for results & invoicing

SUBMISSION INFORMATION

Submitted by (Your Name and Cell Phone #) _____

Samples Submitted: *Birds - #Live*_____*#Dead*_____*Other Samples Submitted:* _____

Bird Type: ☐*Broiler* ☐*Broiler Breeder* ☐*Turkey* ☐*Turkey Breeder* ☐*Commercial Layer* ☐*Other* _____

Age of Birds:_____*wks.*_____*days* **Mortality:**_____**Disease Suspected:** _____

Describe clinical signs observed in the flock: _____

CHECK ALL TESTS REQUESTED

Pathology

☐ Necropsy
☐ Histopathology

Microbiology

☐ Aerobic (Routine) Culture
☐ Salmonella Culture
☐ Anaerobic Culture
☐ Mycotic/Fungal Culture
☐ Antibiotic Sensitivity

PCR

(Specify)_____

Other

☐ AI antigen ACIA

(Specify)_____

Table for Multiple Flock Use

Flock ID	Age	#Samples	Case #

Serology

☐ MG ELISA
☐ MS ELISA
☐ AI AGID/ELISA
☐ Newcastle ELISA
☐ Bronchitis ELISA
☐ IBD ELISA
☐ Reovirus ELISA
☐ H.E. ELISA
☐ Bordetella ELISA
☐ ORT ELISA
☐ PT tube agglutination

Other

(Specify)_____

HI

(Specify)_____