

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		OPENED BY:
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	

ADDL BARCODE

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

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"/>	

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 "Samples" 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

- ___ C. psittaci (PCR) ___ Salmonella (PCR)
 ___ Infectious Laryngotracheitis Virus (PCR) ___ TCoV S-Gene Sequencing (PCR)
 ___ Mycoplasma gallisepticum (PCR) ___ Turkey Coronavirus (PCR)
 ___ Mycoplasma synoviae (PCR) ___ West Nile Virus (PCR)
 ___ Mycoplasma spp. (PCR)
 ___ Newcastle Disease Virus (PCR)
 ___ Other: _____

BACTERIOLOGY Save Isolate

List suspected pathogen(s):

Pool samples if possible (at the discretion of the lab)

- ___ Aerobic Culture ___ Drag Swab Test
 ___ Anaerobic Culture ___ Fungal Culture
 ___ Antimicrobial Susceptibility ___ Mycoplasma Culture
 ___ Campylobacter Culture ___ Salmonella Culture
 ___ Other: _____

SEROLOGY

Date Bled: _____ # Samples: _____

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

VIROLOGY Save Isolate

List suspected virus(es):

- ___ Virus Isolation (VI)
 ___ Electron Microscopy (EM)
 ___ Other: _____

TOXICOLOGY

List suspected toxin(s)/toxicant(s):

- | | |
|---|--|
| <input type="checkbox"/> ___ Anticoagulant | <input type="checkbox"/> ___ Phosphorus |
| <input type="checkbox"/> ___ Arsenic | <input type="checkbox"/> ___ Selenium |
| <input type="checkbox"/> ___ Bone Screen | <input type="checkbox"/> ___ Selenium/Vitamin E Screen |
| <input type="checkbox"/> ___ Calcium | <input type="checkbox"/> ___ Sodium |
| <input type="checkbox"/> ___ Copper | <input type="checkbox"/> ___ Vitamin E |
| <input type="checkbox"/> ___ GC/MS Toxicant Screen | <input type="checkbox"/> ___ Water Quality Screen |
| <input type="checkbox"/> ___ Heavy Metal Screen | <input type="checkbox"/> ___ Zinc |
| <input type="checkbox"/> ___ Lead | |
| <input type="checkbox"/> ___ Mycotoxin Screen (AFB, DON, ZEA) | |
| <input type="checkbox"/> ___ Single Mycotoxin: _____ | |
| <input type="checkbox"/> ___ Other: _____ | |

PARASITOLOGY

List suspected parasite(s):

- | | |
|---|--|
| <input type="checkbox"/> ___ Fecal flotation, Qualitative | <input type="checkbox"/> ___ Fecal exam, Direct |
| <input type="checkbox"/> ___ Fecal flotation, Quantitative | <input type="checkbox"/> ___ Fecal exam, Sedimentation |
| <input type="checkbox"/> ___ Fecal flotation, Qualitative ZnSO ₄ | <input type="checkbox"/> ___ Parasite identification |