

Avian Submission Form

Animal Diagnostic Laboratory
Penn State University
Wiley Lane
University Park, PA 16802
Ph: 814-863-0837 FAX: 814-865-3907



PennState

<http://adl.psu.edu>

adlhelp@psu.edu

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

Owner: _____

Farm/Business: _____

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: Owner Vet Practice Submitter
 Other

Account number: _____

Animal Information:

Age: _____ Adult Juvenile

Embryo Unknown

Species: _____

Breed: _____ Sex: _____

Production Type: _____

Farm ID/Flock ID/House #/Animal ID: _____

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

Specimens Submitted: No. submitted

COLLECTION DATE: _____

Animals _____

Eggs/Egg Pools _____

Environmental _____

Feces _____

Feed _____

Serum/Clotted blood _____

Tissue, Fixed _____

Tissue Fresh _____

Referral Plate _____

Swab(s) _____

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