



Veterinary Diagnostic Laboratory

1850 Christensen Dr | Ames, IA 50011-1134
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

SUBMITTER _____
Company Name _____
Address _____
City, State & Zip _____
Phone _____ Fax _____
Email _____

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER _____
Division _____
Address _____
City, State, & Zip _____

Third-Party Billing (pre-approved)	Affiliates (list clinic names or codes)
	<input type="checkbox"/> NPIP

Special Reporting Requests

Phone _____
 Fax _____
 Email _____

Species: Avian **Breed/Strain:** _____

SAMPLES

Collection Date _____ **No. of Samples** _____

Sample #	Sample ID	Age (check unit) <input type="checkbox"/> d <input type="checkbox"/> wk	(Other)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Laboratory Use Only Case No. _____
No. Samples _____

ANIMAL LOCATION: Premises, Flock and Submission-Level Identifiers

SITE NAME _____
Address _____
City, State & Zip _____
County _____ Country _____

Premises ID# (attach premises ID bar code sticker if available)

Lot ID _____
Source or Flock ID _____
Reference (House/Barn) _____

Reason for Test

<input type="checkbox"/> General Diagnostics	<input type="checkbox"/> Chicken, Broiler
<input type="checkbox"/> Business Continuity	<input type="checkbox"/> Chicken, Layer
<input type="checkbox"/> HPAI Post-Restocking	<input type="checkbox"/> Turkey
<input type="checkbox"/> Surveillance (Regulatory)	<input type="checkbox"/> Gamebird, Waterfowl
<input type="checkbox"/> Research (Specify Below)	<input type="checkbox"/> Backyard
<input type="checkbox"/> Other _____ <small>(Specify reason for testing if for official regulatory purposes)</small>	<input type="checkbox"/> Exhibition
	<input type="checkbox"/> Other _____

Consecutively numbering samples (e.g. 1, 2, 3, 4,...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

Sample #	Sample ID	Age (check unit) <input type="checkbox"/> d <input type="checkbox"/> wk	(Other)
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			



Laboratory Use Only

Case No. _____

No. Samples _____

VETERINARIAN _____

SITE NAME _____

SAMPLE TYPE	<input type="checkbox"/> Chick Papers	<input type="checkbox"/> Serum	<input type="checkbox"/> Eggs	<input type="checkbox"/> Tracheal/oropharyngeal Swab	<input type="checkbox"/> Cloacal Swab	<input type="checkbox"/> DOAs
CONSECUTIVE SAMPLE ID#'S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Export to: _____ Ship date: _____	<input type="checkbox"/> Chick Paper Swabs	<input type="checkbox"/> Environmental	<input type="checkbox"/> Feces	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

See ISU VDL website: www.vetmed.iastate.edu/vdl for complete listing of tests, fees, and submission guidelines.

All samples will be tested for each assay requested unless noted in the column "Test Samples" (i.e., AIV 1 - 6, MG 1 - 11).

SEROLOGY		MOLECULAR			TOXICOLOGY			
Serum* or Eggs†	Test Samples	Serum	Test Samples	PCR	Test Samples	PCR	Test Samples	
<input type="checkbox"/> AIV AGID*†	_____	<input type="checkbox"/> AE ELISA	_____	<input type="checkbox"/> AIV PCR	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> Water coliforms
<input type="checkbox"/> AIV ELISA*	_____	<input type="checkbox"/> IB ELISA	_____	<input type="checkbox"/> aHEV PCR	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> Mycotoxin
<input type="checkbox"/> aMPV ELISA*	_____	<input type="checkbox"/> MG ELISA	_____	<input type="checkbox"/> MG PCR	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> Bone Ash
<input type="checkbox"/> Pullorum AGG*	_____	<input type="checkbox"/> MS ELISA	_____	<input type="checkbox"/> PMV-1 (ND) PCR	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> Total solids
<input type="checkbox"/> Reovirus ELISA*	_____	<input type="checkbox"/> ND ELISA	_____	Pool in Groups of _____	_____	<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____

SALMONELLA

- Salmonella enteritidis culture (SE Only)
- Salmonella culture (All Serotypes)
- Salmonella enteritidis culture +
Other Specific Serotype _____

BACTERIAL CULTURE

- Test Sample #'s _____
- Specific organisms/special test _____
- Culture/ID Sensitivity Save Isolate
- Forward Isolate to _____

Additional Information or Other Requests:

Avian Key:

- AE Avian encephalomyelitis
- aHEV Avian hepatitis E virus
- AIV Avian influenza
- aMPV Avian metapneumovirus
- IB Infectious bronchitis
- MG Mycoplasma gallisepticum
- MS Mycoplasma synoviae
- ND Newcastle disease
- PMV-1 (ND) Paramyxovirus (strain of Newcastle disease virus)

Send by overnight delivery on ice packs in insulated box with lid.