



**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** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_

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

**Special Reporting Requests**

Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Species: Avian**  Chicken  Turkey  Other \_\_\_\_\_

**SAMPLES**

**Collection Date** \_\_\_\_\_ **No. of Samples** \_\_\_\_\_

Sample #	Sample ID	Age (check unit) <input type="checkbox"/> d <input type="checkbox"/> wk <input type="checkbox"/> NA	(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)  
Case Tag \_\_\_\_\_

**Reason for Test**

General Diagnostics  
 Business Continuity  
 Surveillance (Regulatory)  
 Research  
 Other \_\_\_\_\_  
(Specify reason for testing if for official regulatory purposes)

**Premises Type (Best Description)**

Chicken, Broiler  
 Chicken, Layer  
 Turkey  
 Gamebird, Waterfowl  
 Backyard  
 Exhibition  
 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 <input type="checkbox"/> NA	(Other)
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			



Laboratory Use Only

Case No. \_\_\_\_\_

No. Samples \_\_\_\_\_

SUBMITTER \_\_\_\_\_

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](http://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**

Serum* or Eggs <sup>†</sup>	Test Samples	Serum	Test Samples
<input type="checkbox"/> AIV AGID* <sup>†</sup>	_____	<input type="checkbox"/> aMPV ELISA	_____
<input type="checkbox"/> AIV ELISA*	_____	<input type="checkbox"/> AEV ELISA	_____
<input type="checkbox"/> IBDV ELISA*	_____	<input type="checkbox"/> IBV ELISA	_____
<input type="checkbox"/> ORT ELISA*	_____	<input type="checkbox"/> MG ELISA	_____
<input type="checkbox"/> Pullorum AGG*	_____	<input type="checkbox"/> MS ELISA	_____
<input type="checkbox"/> Reovirus ELISA*	_____	<input type="checkbox"/> NDV ELISA	_____
<input type="checkbox"/> Bordetella avium E ELISA*	_____	<input type="checkbox"/> HEV ELISA	_____

**SALMONELLA**

- Salmonella enteritidis culture (FDA SE Rapid Test)
- Salmonella culture (All Serotypes)
- Salmonella enteritidis culture +  
Other Specific Serotype \_\_\_\_\_
- Salmonella monitored (NPIP hatchery)
- Salmonella DOA (group D only)
- Pullorum reactors (NPIP, all serotypes)

**BACTERIAL CULTURE**

Specify organisms/tests \_\_\_\_\_

- Culture/ID
- Sensitivity
- Save Isolate

Test Sample #'s \_\_\_\_\_

**OTHER**

- Routine fecal
- Quantitative fecal (oocysts per gram)
- Chick quality assessment

**MOLECULAR**

**PCR**

	Individual	Test Samples	Pooled	Test Samples	Pool (< or =5)
AIV PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
aHEV PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
AvIBV PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
AvILTV PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
APMV-1 (NDV) PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MG PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MS PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MI PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
MM PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
ORT PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Reovirus PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____
Salmonella spp PCR	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	_____

**SEQUENCING<sup>^^</sup>**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

<sup>^^</sup> Assay has not been fully validated for all the testing conducted.

**VIRUS ISOLATION**

- VI**
- AIV VI
- aPMV-1 (NDV) VI
- \_\_\_\_\_
- \_\_\_\_\_

**TOXICOLOGY**

- Water Quality Panel (includes: nitrate, total dissolved solids, sulfates and coliforms)
- Mycotoxin Panel
- Bone Ash
- \_\_\_\_\_

**Avian Key:**

AEV	Avian encephalomyelitis virus	IBV	Infectious bronchitis virus
aHEV	Avian hepatitis E virus	IBDV	Infectious bursal disease virus
AvIBV	Avian infectious bronchitis virus	MG	Mycoplasma gallisepticum
AvILTV	Avian infectious laryngotracheitis virus	MI	Mycoplasma iowae
AIV	Avian influenza virus	MM	Mycoplasma meleagridis
aMPV	Avian metapneumovirus	MS	Mycoplasma synoviae
aPMV-1 (NDV)	Avian paramyxovirus (strain of Newcastle disease virus)	NDV	Newcastle disease virus
HEV	Hemorrhagic Enteritis Virus	ORT	Ornithobacterium rhinotracheale

**Additional Information or Other Requests:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

The ISU VDL is a fully accredited laboratory by the American Association of Veterinary Laboratory Diagnosticians and a member of the National Animal Health Laboratory Network. A complete description of ISU VDL's diagnostic services, submission guidelines, client confidentiality policy, and the contractual terms associated with the requests and performance of diagnostic services at the ISU VDL are available at the ISU VDL web-site ([www.vetmed.iastate.edu/vdl](http://www.vetmed.iastate.edu/vdl)). Diagnostic specimens submitted for serological or molecular diagnostic testing are generally retained for 2 (serology) to 4 (molecular) weeks from the date received should the need for additional testing arise.