



**Veterinary Diagnostic Laboratory**

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515-294-1950 | Fax 515-294-6961 | [www.vetmed.iastate.edu/vdl](http://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. \_\_\_\_\_  
**Inventory**

**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 \_\_\_\_\_

**Premises Type (Best Description)**

Chicken, Broiler  
 Chicken, Layer  
 Turkey  
 Gamebird, Waterfowl  
 Backyard  
 Exhibition  
 Other \_\_\_\_\_

**Reason for Test**

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

*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			

**Additional Test Selection on Page 2 >**



SUBMITTER \_\_\_\_\_

SITE NAME \_\_\_\_\_

SAMPLE TYPE	<input type="checkbox"/> Chick Papers	<input type="checkbox"/> Cloacal Swab	<input type="checkbox"/> Drinker Swab	<input type="checkbox"/> Eggs	<input type="checkbox"/> Serum	<input type="checkbox"/> Tracheal/Or-pharyngeal Swab
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"/> Enviromental	<input type="checkbox"/> Feces	<input type="checkbox"/> DOAs	<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*	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"/> ORT ELISA*	_____	<input type="checkbox"/> HEV ELISA	_____
<input type="checkbox"/> Pullorum AGG*	_____	<input type="checkbox"/> AvIBV ELISA	_____
<input type="checkbox"/> Reovirus ELISA*	_____	<input type="checkbox"/> MG ELISA	_____
<input type="checkbox"/> Bordetella avium E ELISA*	_____	<input type="checkbox"/> MS ELISA	_____
		<input type="checkbox"/> NDV 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<sup>^</sup>     Quantitative fecal<sup>^</sup> (oocysts per gram)
- Chick quality assessment

**Additional Information or Other Requests:**

**MOLECULAR**

PCR	Individual	Test Samples	Pooled at Farm	Pool at Lab	Test Samples	Pool (< or=5)
AvHepEV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AIV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
aMPV <sup>^^</sup>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
APMV-1 (NDV)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvAdV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvBA	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvIBV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvILTV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvPGal	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. gallisepticum (MG)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. synoviae (MS)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. iowae	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. meleagridis	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ORT	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
P. multocida	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Reovirus	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Salmonella Serotyping	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Salmonella spp	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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

- AvILTV genotyping <sup>^</sup>
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**VIRUS ISOLATION (VI)**

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

<sup>^</sup>Testing performed in part or in total at a Referral Laboratory.

**ANALYTICAL CHEMISTRY SERVICES**

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

List of abbreviations used by the ISUVDL can be found here:  
<https://vetmed.iastate.edu/vdl/diagnostic-tests/pathogen-and-testing-abbreviations>

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