



Avian Specimens & Tests		Accession #	
<b>Bacteriology/Mycology</b>		<b>Virology</b>	
<b>Specimen</b> <input type="checkbox"/> Lung <input type="checkbox"/> Trachea <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Sm. Intestine <input type="checkbox"/> Lg. Intestine/Cecum <input type="checkbox"/> Brain <input type="checkbox"/> Yolk sac <input type="checkbox"/> Swab <input type="checkbox"/> Abscess/Lesion <input type="checkbox"/> Air sac <input type="checkbox"/> Yolk <input type="checkbox"/> Joint <input type="checkbox"/> Chick box <input type="checkbox"/> _____ <input type="checkbox"/> Cytology/impression slide <input type="checkbox"/> Other: _____	<b>Tests</b> <input type="checkbox"/> Aerobic culture/sensitivity <input type="checkbox"/> Anaerobic culture <input type="checkbox"/> Fungal culture <input type="checkbox"/> Salmonella culture <input type="checkbox"/> Campylobacter culture <input type="checkbox"/> Listeria culture <input type="checkbox"/> Listeria cold enrichment culture (brain only) <input type="checkbox"/> Avibacterium culture <input type="checkbox"/> Other: _____  <b>Stains</b> <input type="checkbox"/> Cryptosporidium: Auramine-O acid fast stain <input type="checkbox"/> Gram stain <input type="checkbox"/> Other: _____  <b>Instructions:</b>	<b>Specimen</b> <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Intestine <input type="checkbox"/> Tendon <input type="checkbox"/> Trachea <input type="checkbox"/> Cecal tonsil <input type="checkbox"/> Swab: _____ <input type="checkbox"/> Other: _____	<b>Tests</b> <input type="checkbox"/> Adenovirus <input type="checkbox"/> Enteric Virus profile <input type="checkbox"/> Astrovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Reovirus (VA, Enteric) <input type="checkbox"/> Pox <input type="checkbox"/> Respiratory Virus Profile (IBV, NDV, LTV, AIV) <input type="checkbox"/> Other: _____  <b>Instructions:</b>
<b>Toxicology</b>		<b>Molecular/PCR</b>	
<b>Specimen</b> <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Crop/gizzard contents <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Bone <input type="checkbox"/> Feed <input type="checkbox"/> Other: _____  <b>Instructions:</b>	<b>Tests</b> <input type="checkbox"/> Cyanide <input type="checkbox"/> Ethylene glycol <input type="checkbox"/> Insecticide screen† <input type="checkbox"/> Rodenticide screen† <input type="checkbox"/> Strychnine <input type="checkbox"/> Arsenic <input type="checkbox"/> Cadmium <input type="checkbox"/> Calcium* <input type="checkbox"/> Phosphorus <input type="checkbox"/> Chromium <input type="checkbox"/> Copper* <input type="checkbox"/> Iron* <input type="checkbox"/> Lead* <input type="checkbox"/> Magnesium* <input type="checkbox"/> Potassium  <input type="checkbox"/> Selenium* <input type="checkbox"/> Salt (feed only) <input type="checkbox"/> Zinc* <input type="checkbox"/> pH  Mycotoxins (feed only): <input type="checkbox"/> Aflatoxin <input type="checkbox"/> Deoxynivalenol <input type="checkbox"/> Fumonisin B1 <input type="checkbox"/> Ochratoxin <input type="checkbox"/> Ionophores (feed only) <input type="checkbox"/> Feed visual exam <input type="checkbox"/> Bone ash <input type="checkbox"/> Urolith analysis <input type="checkbox"/> Other: _____  *Special blood/serum sampling tube required; please call 334-844-7251 for details  †Limited testing; call for more information	<b>Specimen</b> <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Spleen <input type="checkbox"/> Brain <input type="checkbox"/> Intestine <input type="checkbox"/> Swab <input type="checkbox"/> Choanal/tracheal (dry swab) <input type="checkbox"/> Cloacal (dry swab) <input type="checkbox"/> Oropharyngeal (BHI broth) <input type="checkbox"/> Tracheal (BHI broth) <input type="checkbox"/> Cloacal (BHI broth) <input type="checkbox"/> Cloacal/Oropharyngeal (BHI broth) <input type="checkbox"/> Cloacal/Tracheal (BHI broth) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Brain, Heart, Spleen <input type="checkbox"/> Other: _____  <b>Instructions:</b>	<b>Tests</b> <input type="checkbox"/> Mycoplasma gallisepticum (MG) <input type="checkbox"/> Mycoplasma synoviae (MS) <input type="checkbox"/> Avibacterium paragallinarum <input type="checkbox"/> Respiratory Virus Profile <input type="checkbox"/> Laryngotracheitis (LT) <input type="checkbox"/> Infectious Bronchitis (IBV) <input type="checkbox"/> Avian influenza (AI) <input type="checkbox"/> Newcastle Disease (NDV) <input type="checkbox"/> Enteric Virus profile <input type="checkbox"/> Astrovirus <input type="checkbox"/> Rotavirus <input type="checkbox"/> Parvovirus <input type="checkbox"/> Reovirus <input type="checkbox"/> Chlamydia <input type="checkbox"/> Chicken Infectious Anemia <input type="checkbox"/> Avian Leukosis virus subgroup J <input type="checkbox"/> Adenovirus <input type="checkbox"/> Polyomavirus <input type="checkbox"/> WNV <input type="checkbox"/> Reticuloendotheliosis virus
<b>Avian Serology</b>		<b>Histopathology (Necropsy)</b>	
<b>Viral Serology</b> <input type="checkbox"/> Avian Encephalomyelitis <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Chicken Infectious Anemia <input type="checkbox"/> Infectious Bronchitis <input type="checkbox"/> Infectious Bursal Disease <input type="checkbox"/> Newcastle (PMV-1) <input type="checkbox"/> Reovirus <input type="checkbox"/> Other: _____	<b>Bacterial Serology</b> <input type="checkbox"/> Mycoplasma gallisepticum <input type="checkbox"/> Mycoplasma synoviae <input type="checkbox"/> Mycoplasma HI test <input type="checkbox"/> Salmonella pullorum <input type="checkbox"/> Other: _____	<input type="checkbox"/> Brain <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/> Kidney <input type="checkbox"/> Heart <input type="checkbox"/> Spleen <input type="checkbox"/> Intestine <input type="checkbox"/> Cecum <input type="checkbox"/> Colon <input type="checkbox"/> Uterus <input type="checkbox"/> Trachea <input type="checkbox"/> Bursa <input type="checkbox"/> Bone marrow <input type="checkbox"/> Proventriculus <input type="checkbox"/> Gizzard <input type="checkbox"/> Eyelid <input type="checkbox"/> Thymus <input type="checkbox"/> Other: _____	
		<b>Parasitology</b>	
		<input type="checkbox"/> Fecal flotation (centrifugation) <input type="checkbox"/> Other: _____	

Indicate all submitted samples and the appropriate test section(s).  
 If no tests are selected, tests will be performed at the discretion of the pathologist.