



Alabama Veterinary Diagnostic Laboratory System
www.labs.alabama.gov

- Thompson Bishop Sparks State Diagnostic Lab
890 Simms Rd.
Auburn, AL 36832
Ph: (334) 844-4987
Fax: (334) 844-7206
- Mitchem-Sparks Diagnostic Lab
1833 Industrial Blvd
Boaz, AL 35957
Ph: (256) 593-2995
Fax: (256) 593-2996
- Hinton Mitchem Poultry Diagnostic Lab
1001 Industrial Dr.
Hanceville, AL 35077
Ph: (256) 352-8036
Fax: (256) 352-8038
- J. B. Taylor Diagnostic Lab
495 State Road 203
Elba, AL 36323
Ph: (334) 897-6340
Fax: (334) 897-0272

AVDL ACCESSION #:		
DATE RECEIVED:	Regional Lab	Auburn Lab
CASE COORDINATOR:		
<input type="checkbox"/> CHARGE <input type="checkbox"/> N/C PAID: \$ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK #		
Regional Lab Tech Initials	Auburn Lab Tech Initials	
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER:		
Submitted by: <input type="checkbox"/> Company <input type="checkbox"/> Owner <input type="checkbox"/> Other:		

Poultry/Avian Submission Form

Please check www.labs.alabama.gov for submission recommendations and our current fee schedule.
 Some tests may be subcontracted/referred to qualified laboratories. Submitter will be contacted for permission if this will incur additional charges.
 All submitted samples and sample data become property of ADAI. Remains of animals cannot be returned to clients, but cremation can be arranged by the client if desired.

Submitter/Veterinarian		Owner	
Company/Clinic		Farm	House #
Complex	Account#	County	Premise ID
Address		Address	
City	State	Zip	City
Phone	Fax	Phone	Fax
Email		Email	

Report to: <input type="checkbox"/> Company <input type="checkbox"/> Company Rep <input type="checkbox"/> Vet <input type="checkbox"/> Owner <input type="checkbox"/> Other:	Bill to: <input type="checkbox"/> Company <input type="checkbox"/> Vet <input type="checkbox"/> Owner <input type="checkbox"/> Other:
Report preference: <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail	Bill preference: <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail

Results will be shared only with client(s) checked in the "Report to" section; however, results may also be shared with the vet/clinic listed unless client requests otherwise. For multiple animals use the Poultry Multi flock form.

Specimen: #Live Birds #Dead Birds #Swabs #Plates Fresh Tissue Fixed Tissue Serum Feed Other:

Species <input type="checkbox"/> Broiler <input type="checkbox"/> Broiler Breeder <input type="checkbox"/> Breeder <input type="checkbox"/> Layer <input type="checkbox"/> Chicks _____ <input type="checkbox"/> Backyard <input type="checkbox"/> Quail <input type="checkbox"/> Turkey <input type="checkbox"/> Pheasant <input type="checkbox"/> Duck <input type="checkbox"/> Goose <input type="checkbox"/> Psittacine <input type="checkbox"/> Raptor _____ <input type="checkbox"/> Other:		Test sections <input type="checkbox"/> Necropsy <input type="checkbox"/> Disposal Only <input type="checkbox"/> Histopathology <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Virology <input type="checkbox"/> Molecular/PCR <input type="checkbox"/> Serology <input type="checkbox"/> Toxicology <input type="checkbox"/> Parasitology <input type="checkbox"/> AUCVM <input type="checkbox"/> HOLD <input type="checkbox"/> Other: <input type="checkbox"/> Other:	Lab Use Only _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Sex <input type="checkbox"/> Males# <input type="checkbox"/> Females# <input type="checkbox"/> M & F Age <input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Weeks <input type="checkbox"/> Days			
Animal ID(s):			
Flock Information		Branch Lab Tests (Lab Use Only)	
#Houses	#Birds/house	<input type="checkbox"/> Necropsy <input type="checkbox"/> Bacteriology <input type="checkbox"/> Mycology <input type="checkbox"/> Serology <input type="checkbox"/> HOLD <input type="checkbox"/> Parasitology <input type="checkbox"/> Other: <input type="checkbox"/> MG/MS Plate Test	
Mortality Today:	Yesterday:	3 Days ago:	
Problem Description:			
Test request(s): Check back of form for test selection or write in space above. If no tests are requested, tests will be performed at the discretion of the pathologist. Necropsy fees include all in-house tests performed.			

Vaccines Given	Age/Date	Vaccines Given	Age/Date	Parasitology (Lab use only)	
Marek's	_____	ILT	_____	<i>E. acervulina</i>	Histomonas
NDV	_____	Inf. Coryza	_____	<i>E. maxima</i>	Ascaridia
IBV	_____	SE	_____	<i>E. necatrix</i>	Capillaria
IBDV	_____	E. coli	_____	<i>E. tenella</i>	Heterakis
AE	_____	Cocci	_____	Coccidia sp.	Other
POX	_____	Other	_____	Tapeworms	Other
MG	_____	Other	_____		

Print Name _____ **Signature** _____ **Date** _____

Avian Specimens & Tests			Accession #
Bacteriology/Mycology		Virology	
Specimen <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: _____	Tests <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: _____ Stains <input type="checkbox"/> Cryptosporidium: Auramine-O acid fast stain <input type="checkbox"/> Gram stain <input type="checkbox"/> Other: _____ Instructions:	Specimen <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: _____	Tests <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: _____ Instructions:
Toxicology		Molecular/PCR	
Specimen <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: _____ Instructions:	Tests <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	Specimen <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: _____ Instructions:	Tests <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
Avian Serology		Histopathology (Necropsy)	
Viral Serology <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: _____	Bacterial Serology <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: _____	Parasitology <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.