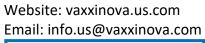


1524 Prairie Drive Worthington, MN 56187 800.220.2522

507.372.7779 507.372.2565 (fax)



PLEASE FILL OUT FORM **COMPLETELY**



POULTRY DIAGNOSTIC REQUEST FORM

	0 = 1 1 1 1 0 1 1 0		. •			
Date Samples Collected		Owner/Integrator				
<u>Veterinarian</u>		Farm/Site				
DVM Email		Barn/House #	Premise ID			
Clinic/Company		Site Address				
Address		City, State, Zip				
City, State, Zip		Phone				
Phone Phone	Fax	<mark>Bird Type</mark>	Breeder	Broiler	Layer	Turkey
Clinic Email		Breed				
ubmitter		Sex	Male	2	Female	
Submitter Phone		Age/Hatch Date				
Submitter Email	_	Farm Capacity				
Cassimons *						
Specimens *Vaxxinova cannot accept san					Intestin	•
Lung Heart Live	•	Spleen Chick paper	Gall bladder		Intestine	
	ou serum	Chick paper	Other			
Swab Swab origin:		*Plate/Slant/Vira				
		*only complete for is	olates Dati	e or isolation	n:	
Test Requests Note:	Samples pooled for PCR	& viral testing to reduc	ce cost unless o	otherwise no	ted	
Check h	nere to leave testing to di	scretion of the Diagnos	tician			
Bacteriology	\	/iral		For Lab Use Only		
Aerobic Culture	Avian Adenoviru	, ,				
Anaerobic Culture	· ·	Avian Metapneumovirus (aMPV) PCR				
Campylobacter Culture		Avian Reovirus PCR				
Identify isolate (plate/slant/broth)	Virus Isolation (i	f PCR +)				
Salmonella Culture						
Salmonella Serotyping (Sequencing)						
Other (please specify below)						
Additio	nal Requests		7			
, idaile						
Case #: Date F	Rec'd:	Courier:		Technician	:	

DXG-F-000016, vs. 2.0