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PLEASE FILL OUT FORM
COMPLETELY



POULTRY DIAGNOSTIC REQUEST FORM

Date Samples Collected	_____	Owner/Integrator	_____
Veterinarian	_____	Farm/Site	_____
DVM Email	_____	Barn/House #	Premise ID
Clinic/Company	_____	Site Address	_____
Address	_____	City, State, Zip	_____
City, State, Zip	_____	Phone	_____
Phone	_____	Bird Type	Breeder Broiler Layer Turkey
Clinic Email	_____	Breed	_____
Submitter	_____	Sex	Male Female
Submitter Phone	_____	Age/Hatch Date	_____
Submitter Email	_____	Farm Capacity	_____

Specimens

Vaxxinova cannot accept samples from known or suspect cases of Avian Influenza or Newcastle Disease Virus

Lung	Heart	Liver	Kidney	Spleen	Gall bladder	Intestine
Feces	Bone	Blood	Serum	Chick paper	Other	
Swab	Swab origin:			*Plate/Slant/Viral isolate		Origin:
				*only complete for isolates		Date of Isolation:

History, Clinical Signs & Gross Lesions

Please provide details and any suspected causative agents:

Test Requests

Note: Samples pooled for PCR & viral testing to reduce cost unless otherwise noted

Check here to leave testing to discretion of the Diagnostician

Bacteriology Aerobic Culture Anaerobic Culture Campylobacter Culture Identify isolate (plate/slant/broth) Salmonella Culture Salmonella Serotyping (Sequencing) Other (please specify below)	Viral Avian Adenovirus (FAdV) PCR Avian Metapneumovirus (aMPV) PCR Avian Reovirus PCR Virus Isolation (if PCR +)	For Lab Use Only
Additional Requests		

Case #:	Date Rec'd:	Courier:	Technician:
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