



Prem ID Sticker

**Avian - Necropsy and Tissue Submission Form**

For office use only

<b>Billing</b> List billable party: _____ _____	<b>Reporting</b> <input type="checkbox"/> Email _____ <input type="checkbox"/> Other _____ Affiliate (list codes) _____
<b>Premises Identification</b> National Prem ID: _____	

<b>Veterinarian</b> Clinic Name _____ Address _____ Phone _____ Email _____	<b>Owner/Producer</b> Owner Name _____ Company Name _____ Address _____ Phone _____ City _____ State _____ Zip _____ Email _____
<b>Farm</b> Farm Name: _____ Farm Address: _____ Barn/House #: _____ Flock ID: _____ State: _____ County: _____	Source: _____ Delivered By: _____

**Specimen History**

Specimen(s) \_\_\_\_\_ Purchased:  Yes  No Date \_\_\_\_\_

Animal name/ID \_\_\_\_\_ Euthanized:  Yes  No How \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_ Flock size \_\_\_\_\_ No. in affected group \_\_\_\_\_ No. sick \_\_\_\_\_ No. dead \_\_\_\_\_

Ident/color \_\_\_\_\_ Duration of problem in submitted animal(s) \_\_\_\_\_ Ration \_\_\_\_\_

Age \_\_\_\_\_ (Please circle: day wk mo yr) Type of housing/environment \_\_\_\_\_ Duration in Flock \_\_\_\_\_

Weight \_\_\_\_\_ Sex:  M  F Vaccination \_\_\_\_\_ Therapy \_\_\_\_\_

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

**Laboratory Procedures Requested** - please check boxes below

**Necropsy/General Exam of Tissue** (includes bacteriology, EM, histopathology, molecular diagnostics, parasitology, serology, and virology, as determined by the pathologist to be part of the investigation; nutrition, toxicology and other out-sourced tests will be charged at cost; fees may apply to additional tests;).

**Antibiotic Sensitivity Testing** - Additional charges will apply.  **Turkey Reovirus PCR only**

**Turkey Reovirus Isolation and PCR** - Additional charges will apply.  **Astro/Rota PCR only**

**Turkey Reovirus Isolation Only** - Additional charges will apply.  **Other:** \_\_\_\_\_

**Turkey fecal enteric virus panel** (Astro, Reo, Rota)

**History/Clinical Signs/Clinical Diagnosis/Necropsy Findings/Additional Information or Requests**

*Note: The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.* If applicable FAD Number: \_\_\_\_\_

[Empty text area for clinical notes]