



University of Minnesota  
 Veterinary Diagnostic Laboratory  
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 Access/results:  
[www.vdl.umn.edu](http://www.vdl.umn.edu)

Prem ID Sticker

**MINNESOTA POULTRY TESTING LABORATORY** Phone: (320) 231-5170  
 622 Business Hwy 71 NE | PO Box 126 | Willmar, MN 56201-0126 Fax: (320) 231-6071

**Necropsy and Tissue Submission Form - Avian**

<b>Responsible for payment:</b>	<input type="checkbox"/> Referring veterinarian:	– Authorized by:	Ph:
	<input type="checkbox"/> Company:	– Authorized by:	Ph:
	<input type="checkbox"/> Owner	Payable at drop-off (prior to services being rendered)	

**Owner/Producer**

Owner Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Veterinarian**

Clinic Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Farm Name: \_\_\_\_\_  
 Farm Address: \_\_\_\_\_  
 Barn/House #: \_\_\_\_\_ Flock ID: \_\_\_\_\_  
 State: \_\_\_\_\_ County: \_\_\_\_\_  
 Source: \_\_\_\_\_ Delivered By: \_\_\_\_\_

**Premises Identification**

National Prem ID: \_\_\_\_\_ MAPP Code: \_\_\_\_\_  
 Send \*results via:  Email:  
 OR  Fax:

**Affiliate (list codes)** \_\_\_\_\_

**Specimen History**

Specimen(s) \_\_\_\_\_  
 Animal name/ID \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_  
 Ident/color \_\_\_\_\_  
 Age \_\_\_\_\_ (Please circle: day wk mo yr)  
 Weight \_\_\_\_\_ Sex:  M  F  
 Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_  
 Euthanized:  Yes  No How \_\_\_\_\_ Date \_\_\_\_\_  
 Flock size \_\_\_\_\_ No. in affected group \_\_\_\_\_ No. sick \_\_\_\_\_ No. dead \_\_\_\_\_  
 Duration of problem in submitted animal(s) \_\_\_\_\_ Duration in Flock \_\_\_\_\_  
 Type of housing/environment \_\_\_\_\_ Ration \_\_\_\_\_  
 Vaccination \_\_\_\_\_ Therapy \_\_\_\_\_

For office use only

**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 Isolation and PCR** - Additional charges will apply.
- Turkey Reovirus Isolation Only** - Additional charges will apply.
- Turkey fecal enteric virus panel** (Astro, Reo, Rota)
- Turkey Reovirus PCR only**
- Astro/Rota PCR only**
- Other:** \_\_\_\_\_

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

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*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: \_\_\_\_\_

