

# AVIAN HEALTH SUBMISSION FORM

## Indiana Animal Disease Diagnostic Laboratories

**ADDL at Purdue University**  
 406 S University St  
 West Lafayette, IN 47907-2065  
 P: 765-494-7440 F: 765-494-9181

**Heeke ADDL - SIPAC**  
 11367 E Purdue Farm Road  
 Dubois, IN 47527-9666  
 P: 812-678-3401 F: 812-678-3412

<b>ADDL USE ONLY</b>		<b># PAGES:</b>
<b>DELIVERED:</b>	<b>ARRIVED:</b>	<b>CONDITION:</b>
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

**\*\*\*If you are submitting an entire body for necropsy, CF.929 Necropsy Submission Form must be used\*\*\***

**\*\*\*If the case may have potential legal ramifications, CF.1023 Legal Necropsy Submission Form must be used\*\*\***

**\*\*\*HPAI samples for testing related to a control area, CF.901 Commercial Poultry Incident Form must be used\*\*\***

**VETERINARIAN:**

Name \_\_\_\_\_  
 Indiana License # \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Results:  Fax  Email \_\_\_\_\_

**ANIMAL:**

Site/Farm/Unit \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_  
 Site/Farm/Unit Phone \_\_\_\_\_

Premise ID \_\_\_\_\_

# PREMISE ID BARCODE

**OWNER:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, ZIP \_\_\_\_\_

Bill to Veterinarian  Bill to Owner (Phone) \_\_\_\_\_ Purdue Fund \_\_\_\_\_  
 Bill to Third Party (Name/Phone) \_\_\_\_\_ RIO/SIO \_\_\_\_\_

**Reason:**

NPIP  
 Healthy Monitoring  
 Depopulation Testing  
 General Diagnostic  
 Interstate Movement

Movement Date: \_\_\_\_\_

**HISTORY:** Clinical Problem:  Respiratory  Enteric  Neurologic  Reproductive  Other  
 Age \_\_\_\_ day wk mo yr # On Site \_\_\_\_ # In Affected Group \_\_\_\_ # Sick \_\_\_\_ # Dead \_\_\_\_ Breed \_\_\_\_\_

**Type:**

Backyard  
 Breeder  
 Broiler  
 Caged bird  
 Chicken  
 Duck  
 Game bird  
 Layer  
 Raptor  
 Turkey  
 Wild bird  
 Other \_\_\_\_\_

Differential Diagnosis or Disease(s) Suspected \_\_\_\_\_  
 Histopathology  Serology (see page 2)  
 Diagnostician Discretion (ADDL Diagnostician will select tests, based on history provided); Diagnostic Budget \_\_\_\_\_  
 If no tests are marked, 'Diagnostician Discretion' will be assumed.

**SAMPLES SUBMITTED:** Please visit [www.addl.purdue.edu](http://www.addl.purdue.edu) for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age	Sample Type	Fresh, chilled	Formalin fixed	Date Taken
1						<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>	

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

ADDL BARCODE

# AVIAN HEALTH SUBMISSION FORM PG. 2

## Indiana Animal Disease Diagnostic Laboratories

### VETERINARIAN:

Name \_\_\_\_\_

### OWNER:

Name \_\_\_\_\_

All requested tests will be run on all samples, unless otherwise indicated in the "ID #s" field (e.g.  1 - 4 Aerobic Culture  5 Salmonella (PCR) )

### AVIAN INFLUENZA (AI) TESTING

HPAI samples for testing related to a control area, CF.901 Commercial Poultry Incident Form must be used.

Samples have been pooled according to USDA guidelines (PCR only)

3mL BHI pool of 5 swabs  5.5mL BHI pool of 11 swabs

Avian Influenza Virus (PCR)  Avian Influenza Virus (AGID)

AI Antigen Capture (Heeke Only)  Avian Influenza Virus (ELISA)

### BACTERIOLOGY Save Isolate

List suspected pathogen(s):

Pool samples if possible (at the discretion of the lab)

Aerobic Culture

Fungal Culture

Anaerobic Culture

Salmonella Culture

Antimicrobial Susceptibility

Choose at least one option below for SALMONELLA POSITIVES. See ADDL website for further information.

Campylobacter Culture

Drag Swab Test

Serogrouping

Other: \_\_\_\_\_

Serotyping (NVSL)

### PARASITOLOGY

List suspected parasite(s):

Fecal flotation, Qualitative

Fecal exam, Direct

Fecal flotation, Quantitative

Fecal exam, Sedimentation

Fecal flotation, Qualitative ZnSO<sub>4</sub>

Parasite identification

### VIROLOGY

List suspected virus(es):

Electron Microscopy (EM)

Other: \_\_\_\_\_

### TOXICOLOGY

List suspected toxin(s)/toxicant(s):

Anticoagulant

Phosphorus

Arsenic

Selenium

Bone Screen

Selenium/Vitamin E Screen

Calcium

Sodium

Copper

Vitamin E

GC/MS Toxicant Screen

Water Quality Screen

Heavy Metal Screen

Zinc

Lead

Mycotoxin Screen (AFB, DON, ZEA)

Single Mycotoxin: \_\_\_\_\_

Other: \_\_\_\_\_

### MOLECULAR DIAGNOSTICS

Astrovirus (PCR)

*Mycoplasma* spp. (PCR)

Turkey Coronavirus (PCR) - TCV

Avian Rotavirus A & D (PCR)

*Mycoplasma gallisepticum* (PCR) - MG

Turkey Coronavirus S-Gene Sequencing (PCR)

*Avibacterium paragallinarum* (PCR)

*Mycoplasma iowae* (PCR) - MI

TCV/HEV Duplex PCR

*Bordetella avium* (PCR) - BA

*Mycoplasma meleagridis* (PCR) - MM

West Nile Virus (PCR) - WNV

*Chlamydia psittaci* (PCR)

*Mycoplasma synoviae* (PCR) - MS

### Avian Panels

Egg Drop Syndrome 1976 (PCR) - EDS

MG/MS Duplex (PCR)

Avian Protozoa PCR Panel  
(H. meleagridis, T. gallinae, T. gallinarum)

Infectious Bronchitis Virus (PCR) - IBV

MI/MM Duplex (PCR)

Avian Respiratory PCR Panel

Infectious Laryngotracheitis Virus (PCR) -ILT

Newcastle Disease Virus (PCR) - NDV

(MS, MG, IBV, ILT, NDV)

Hemorrhagic Enteritis Virus (HEV) PCR

*Ornithobacterium rhinotracheale* (PCR)-ORT

Turkey Enteric Viral PCR Panel

Other

Reovirus (PCR) [enteric] (PCR)

(Avian Rotavirus A & D, Astrovirus, Reovirus, TCV)

SEROLOGY Date Bled: \_\_\_\_\_

# Samples: \_\_\_\_\_

NPIP Testing

Same day results

**Rush fee will be applied if samples are not tested on a standard testing day. Information about testing days is available on the ADDL website.**

### MOVEMENT AND EXPORT

Movement Date: \_\_\_\_\_

Results Needed By: \_\_\_\_\_

Avian Metapneumovirus (ELISA)<sup>1</sup> - AMPV

*Mycoplasma gallisepticum* (ELISA)<sup>3</sup> - MG

Newcastle Disease Virus (ELISA)<sup>1,3</sup> - NDV

*Bordetella avium* (ELISA)<sup>1</sup> - BA

*Mycoplasma gallisepticum* (HI)<sup>2</sup> - MG

Newcastle Disease Virus (HI)<sup>2</sup> - NDV

Hemorrhagic Enteritis Virus (ELISA)<sup>1</sup> - HE

*Mycoplasma gallisepticum* (PAT)<sup>3</sup> - MG

Reovirus (ELISA)<sup>1</sup> - REO

Infectious Bronchitis Virus (ELISA)<sup>3</sup> - IBV

*Mycoplasma synoviae* (ELISA)<sup>3</sup> - MS

*Salmonella pullorum* (PAT)<sup>1,3</sup>

Infectious Laryngotracheitis Virus (ELISA)<sup>3</sup>- ILT

*Mycoplasma synoviae* (HI)<sup>2</sup> - MS

*Salmonella pullorum* (TT)<sup>2</sup>

ISPA - T-12 Program<sup>3</sup>

MG/MS (ELISA)<sup>1</sup>

Turkey Coronavirus (IFA)<sup>1</sup> - TCV

Other: \_\_\_\_\_

**Please check the key as certain tests are only available at West Lafayette and others are only available at Heeke. ADDL will transfer samples as needed.**

<sup>1</sup> Performed at the Heeke lab

<sup>2</sup> Subcontracted to another lab

(Contact ADDL for more information)

<sup>3</sup> Performed at the West Lafayette lab