

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

ADDL USE ONLY # PAGES:

DELIVERED:	ARRIVED:	CONDITION:
<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*****
*****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 _____
 Additional Email Results: _____

ANIMAL:

Site/Farm/Unit _____
 Flock #/ID _____
 Address _____
 City, State ZIP _____
 Site/Farm/Unit Phone _____

Premise ID _____

PREMISE ID BARCODE

ADDL BARCODE

OWNER:

Name _____
 Address _____
 City, State ZIP _____

Bill to Vet Clinic 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 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.

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 flotation, Quantitative

Fecal exam, Sedimentation

Fecal flotation, Qualitative ZnSO₄

Parasite identification

MOLECULAR DIAGNOSTICS

Astrovirus (PCR)

Avian Metapneumovirus (PCR) - AMPV

Avian Rotavirus A & D (PCR)

Avibacterium paragallinarum (PCR)

Bordetella avium (PCR) - BA

Chlamydia psittaci (PCR)

Cochlosoma anatis (PCR) - CA

Egg Drop Syndrome 1976 (PCR) - EDS

Infectious Bronchitis Virus (PCR) - IBV

Other

Infectious Laryngotracheitis Virus (PCR) -ILT

Hemorrhagic Enteritis Virus (PCR) - HEV

Mycoplasma spp. (PCR)

Mycoplasma gallisepticum (PCR) - MG

Mycoplasma synoviae (PCR) - MS

MG/MS Duplex (PCR)

MI/MM Duplex (PCR)

Newcastle Disease Virus (PCR) - NDV

Ornithobacterium rhinotracheale (PCR)-ORT

Reovirus (PCR) [enteric]

Salmonella spp. (PCR)

Turkey Coronavirus (PCR) - TCV

Turkey Coronavirus S-Gene Sequencing (PCR)

TCV/*Cochlosoma anatis* Duplex (PCR)

TCV/HEV Duplex (PCR)

West Nile Virus (PCR) - WNV

Avian Panels

[Avian Protozoa PCR Panel](#)

(*H. meleagridis*, *T. gallinae*, *T. gallinarum*)

[Avian Respiratory PCR Panel](#)

(MS, MG, IBV, ILT, NDV)

[Turkey Enteric Viral PCR Panel](#)

(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.

AMPV ELISA (C,T)

BA ELISA (T)

HE ELISA (T)

MG ELISA (T)

MG/MS ELISA (C,T)

NDV ELISA (T)

ORT ELISA (C,T)

REO ELISA (C)

Salmonella PAT (C)

TCV IFA (T)

Reed (WL)

AI AGID (C,T)

AI ELISA (C,T)

MG ELISA (C,T)

MG PAT (C,T)

MS ELISA (C,T)

Salmonella PAT (C)

ISPA T-12 Program (C)

Validated Species Key

C - Chicken
T - Turkey

Mail Out

MG HI

MS HI

NDV HI

Salmonella TT

Other: _____

MOVEMENT AND EXPORT

Movement Date: _____

Results Needed By: _____