

AVIAN HEALTH SUBMISSION FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St
 West Lafayette, IN 47907-2065
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HEEKE ADDL - SIPAC
 11367 E Purdue Farm Road
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 P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY	# PAGES:	CONDITION:
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*****

*****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

Additional Results by:
 Email _____ Fax _____

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
 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.

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)
 Avian Influenza Virus (ELISA)

BACTERIOLOGY Save Isolate

List suspected pathogen(s):

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

Aerobic Culture Drag Swab Test
 Anaerobic Culture Fungal Culture
 Antimicrobial Susceptibility Salmonella Culture
 Campylobacter Culture
 Other: _____

PARASITOLOGY

List suspected parasite(s):

Fecal flotation, Qualitative Fecal exam, Direct
 Fecal flotation, Quantitative Fecal exam, Sedimentation
 Fecal flotation, Qualitative ZnSO₄ 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) *Salmonella* spp. (PCR)
 Avian Rotavirus A & D (PCR) *Mycoplasma gallisepticum* (PCR) - MG Turkey Coronavirus (PCR) - TCV
 Avibacterium paragallinarum (PCR) *Mycoplasma iowae* (PCR) - MI Turkey Coronavirus S-Gene Sequencing (PCR)
 Bordetella avium (PCR) - BA *Mycoplasma meleagridis* (PCR) - MM West Nile Virus (PCR) - WNV
 Chlamydia psittaci (PCR) *Mycoplasma synoviae* (PCR) - MS
 Egg Drop Syndrome 1976 (PCR) - EDS MG/MS Duplex (PCR) **Avian Panels**
 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)
 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)¹ - AMPV *Mycoplasma gallisepticum* (ELISA)³ - MG Newcastle Disease Virus (ELISA)^{1,3} - NDV
 Bordetella avium (ELISA)¹ - BA *Mycoplasma gallisepticum* (HI)² - MG Newcastle Disease Virus (HI)² - NDV
 Hemorrhagic Enteritis Virus (ELISA)¹ - HE *Mycoplasma gallisepticum* (PAT)³ - MG Reovirus (ELISA)¹ - REO
 Infectious Bronchitis Virus (ELISA)³ - IBV *Mycoplasma synoviae* (ELISA)³ - MS *Salmonella pullorum* (PAT)^{1,3}
 Infectious Laryngotracheitis Virus (ELISA)³- ILT *Mycoplasma synoviae* (HI)² - MS *Salmonella pullorum* (TT)²
 ISPA - T-12 Program³ MG/MS (ELISA)¹ Turkey Coronavirus (IFA)¹ - 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.

¹ Performed at the Heeke lab² Subcontracted to another lab

(Contact ADDL for more information)

³ Performed at the West Lafayette lab