

**VETERINARY DIAGNOSTIC CENTER  
Avian Submission Form**

**Mailing Address:** P.O. Box 82646  
Lincoln, NE 68501-2646

**Delivery Address:** 4040 East Campus Loop  
Lincoln, NE 68583-0907

**Phone:** (402) 472-1434  
**Fax:** (402) 472-3094  
**E-mail:** [vdc@unl.edu](mailto:vdc@unl.edu)  
<https://vbms.unl.edu/nvdl>

Accession Number		
Date Rec'd	Case Coordinator	Referral No.
Effective Date		Review Date
09Aug2019		30Dec2020

<b>Client/Account #</b>		<b>PO or UNL Cost Object</b>		<b>Owner</b>
Clinic:	Veterinarian:		Owner Address:	
Address:	City:		State:	Zip:
City:	State:	Zip:	Phone:	Owner Fax:
Phone:	Fax:	E-mail Address:		
E-mail Address:		Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail    Date Mailed:		
<b>Report Results to:</b> <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer		<b>Person to be Billed:</b> <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer		PIN#
<input type="checkbox"/> <b>Third Party Bill</b>	Name:	Address:	City:	State:    Zip:

**Animal Information Section** **Use page 3 to list multiple animals**

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Animal ID: \_\_\_\_\_  Male  Female

No. Animals Ill: \_\_\_\_\_ No. Animals Dead: \_\_\_\_\_ Total Animals At Risk: \_\_\_\_\_ Time Between Death & Necropsy: \_\_\_\_\_

**Specimens Submitted and History Section**

<b>Below, list the number for each specimen submitted</b>				<b>Number of whole animals submitted for necropsy</b> _____				<b>Collection Date:</b> _____	
	Fixed	Fresh		Fixed	Fresh		Fixed	Fresh	Ocular Fluid
Brain			Spleen			Lymph Node			Serum/Plasma
Heart			Kidney			Thymus			Stomach Contents
Lung			Small Intestine			Tonsil			Feces
Liver			Large Intestine			Tumor			Urine

Submit the following for abortions: heart, lung, liver, brain, placenta, kidney, thymus, abomasal contents

**Presenting Complaint:** (List data for the animal(s) submitted, rather than a general description of the herd or group)

- Dermatologic     Diarrhea/Enteric     Musculoskeletal/Lame     Neurologic  
 Reproductive     Respiratory     Tumor/Neoplasm     Unthriftiness     Urinary     Unexpected Death

**Discretion of the Lab:** **POOLING OF SAMPLES WILL ONLY BE CONDUCTED UPON REQUEST.**

Please mark this box if all or some testing should be determined by the lab. You may wish to select some tests and have the lab determine the need for additional tests. If not marked, only the tests marked on page 2 will be performed.

**Special instructions, History, Clinical/Necropsy Findings and/or Treatments:**

**Export Testing**

**It is the responsibility of the referring veterinarian to request the appropriate tests for export. The VDC will run only tests requested by the referring veterinarian. For export information and regulations, call (State Veterinarian) 402-471-2351 or (Federal Veterinarian) 402-434-2300.**

## Testing Section

<p><b>Supplies (Insert number needed)</b></p> <p>Bacterial Culture Swabs</p> <p>Biopsy Mailers</p> <p>Collection Tubes <input type="checkbox"/> 50ml <input type="checkbox"/> 15ml <input type="checkbox"/> 4.5ml</p> <p><i>Campylobacter</i> Transport Media</p> <p>Deep Nasal Swab Kits <input type="checkbox"/> 3 animal kit <input type="checkbox"/> 6 animal kit</p> <p><i>Tritrichomonas</i> In-pouches (Culture)</p> <p><i>Tritrichomonas</i> Transport Tubes (PCR)</p> <p>Viral Transport Media</p> <p>Guarded Swabs</p>	<p><b>Necropsy</b></p> <p><input type="checkbox"/> Cosmetic</p> <p><input type="checkbox"/> Gross Only</p> <p><input type="checkbox"/> Gross and Histopathology</p> <p><input type="checkbox"/> Gross and Discretion of Lab</p> <p><input type="checkbox"/> Research</p> <p><input type="checkbox"/> Spinal Cord Removal</p> <p><input type="checkbox"/> Postmortem Exam</p>	<p><b>Pathology</b></p> <p><b>Histopathology</b></p> <p><input type="checkbox"/> Biopsy</p> <p><input type="checkbox"/> Brain</p> <p><input type="checkbox"/> Fixed Tissue</p> <p><b>Clinical Pathology</b></p> <p><input type="checkbox"/> Exfoliative Cytology</p> <p><input type="checkbox"/> Serum chemistry</p> <p><input type="checkbox"/> Total Protein</p> <p><input type="checkbox"/> Urine Cytology</p> <p><input type="checkbox"/> White blood cell count</p>
<p><b>Bacteriology</b></p> <p><input type="checkbox"/> Acid-Fast for <i>Mycobacteria</i></p> <p><input type="checkbox"/> Aerobic Culture</p> <p><input type="checkbox"/> Anaerobic Culture</p> <p><input type="checkbox"/> Antimicrobial susceptibility</p> <p><input type="checkbox"/> <i>Campylobacter</i> Intestinal</p> <p><input type="checkbox"/> Gram Stain</p> <p><input type="checkbox"/> Fungal Culture</p> <p><input type="checkbox"/> <i>Salmonella</i> Culture</p>	<p><b>Parasitology</b></p> <p><input type="checkbox"/> AF Stain for <i>Cryptosporidia</i></p> <p><input type="checkbox"/> Fecal Floatation</p> <p><input type="checkbox"/> Giardia/Crypto Antigen</p> <p><input type="checkbox"/> Gross Exam</p> <p><input type="checkbox"/> Larval Culture</p> <p><input type="checkbox"/> Quant Fecal Egg Count</p>	<p><b>Toxicology (Referred to Another Lab)</b></p> <p><input type="checkbox"/> Vitamin A</p> <p><input type="checkbox"/> Vitamin E</p> <p><input type="checkbox"/> Nitrates</p> <p><input type="checkbox"/> Mineral Panel</p> <p><input type="checkbox"/> Lead</p> <p><input type="checkbox"/> GC-Mass Spec</p> <p><b>Commercial Lab Vaccine Production</b></p> <p>Forward isolate to the selected lab</p> <p><input type="checkbox"/> Save Isolate for Possible Vaccine</p> <p><input type="checkbox"/> Addison Lab</p> <p><input type="checkbox"/> American Animal Health Lab</p> <p><input type="checkbox"/> Cambridge Lab</p> <p><input type="checkbox"/> Huvepharma Lab</p> <p><input type="checkbox"/> Newport Lab</p> <p><input type="checkbox"/> Phibro Lab</p> <p><input type="checkbox"/> _____</p>
<p><b>Molecular Diagnostics</b></p>		
<p><input type="checkbox"/> Avian Influenza (AI)</p> <p><input type="checkbox"/> <i>Chlamydophila</i> spp.</p> <p><input type="checkbox"/> <i>C. perfringens</i> typing</p> <p><input type="checkbox"/> <i>E. coli</i> typing</p> <p><input type="checkbox"/> <i>Mycoplasma gallisepticum</i>/<i>Mycoplasma synoviae</i> (MG/MS)</p> <p><input type="checkbox"/> <i>Mycoplasma meleagridis</i>/<i>Mycoplasma iowae</i> (MM/MI)</p>	<p><input type="checkbox"/> <i>Mycoplasma</i> spp.</p> <p><input type="checkbox"/> Newcastle (NDV)</p> <p><input type="checkbox"/> <i>Salmonella enteritidis</i> (SE)</p> <p><input type="checkbox"/> <i>Ureaplasma</i> spp.</p> <p><input type="checkbox"/> West Nile Virus</p>	
<p><b>ELISA</b></p> <p><input type="checkbox"/> Avian Encephalomyelitis</p> <p><input type="checkbox"/> Avian Influenza</p> <p><input type="checkbox"/> Hemorrhagic Enteritis</p> <p><input type="checkbox"/> Infectious Bronchitis</p> <p><input type="checkbox"/> Infectious Bursal Disease</p> <p><input type="checkbox"/> <i>Mycoplasma gallisepticum</i></p> <p><input type="checkbox"/> <i>Mycoplasma meleagridis</i></p> <p><input type="checkbox"/> <i>Mycoplasma synoviae</i></p> <p><input type="checkbox"/> Newcastle</p> <p><input type="checkbox"/> ORT (<i>Ornithobacterium rhinotracheale</i>)</p>	<p><b>Serology</b></p> <p><b>ELISA</b></p> <p><input type="checkbox"/> Avian Reovirus</p> <p><input type="checkbox"/> Chicken Anemia Virus (CAV)</p> <p><input type="checkbox"/> <i>Pasteurella multocida</i> (Turkey)</p> <p><b>Other</b></p> <p><input type="checkbox"/> Avian Influenza AGID</p> <p><input type="checkbox"/> Avian paramyxovirus 3 (APMV3) HI</p> <p><input type="checkbox"/> <i>Salmonella pullorum</i> microtiter</p> <p><input type="checkbox"/> <i>Mycoplasma gallisepticum</i> SPA</p> <p><input type="checkbox"/> <i>Mycoplasma meleagridis</i> SPA</p> <p><input type="checkbox"/> <i>Salmonella pullorum</i> SPA (chicken only)</p> <p style="text-align: center;">SPA = Serum Plate Agglutination</p>	<p><b>Virology</b></p> <p><input type="checkbox"/> Electron Microscopy (EM)</p> <p><input type="checkbox"/> Virus Isolation (VI)</p> <p style="text-align: center;"><b>Additional Testing Not Listed</b></p>

