

**VETERINARY DIAGNOSTIC CENTER
Avian Submission Form**

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Lincoln, NE 68583-0907

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<https://vbms.unl.edu/nvdl>

Accession Number		
Date Rec'd	Case Coordinator	Referral No.
Effective Date		Review Date
15Feb2020		15Feb2021

Client/Account #	PO or UNL Cost Object	Owner
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:	
Report Results to: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer Person to be Billed: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer PIN#		
<input type="checkbox"/> Third Party Bill Name: Address: City: State: Zip:		
Avian Type		Use page 3 to list multiple animals
Commercial <input type="checkbox"/>	Backyard/Hobby <input type="checkbox"/>	Pet/Ornamental/Zoo <input type="checkbox"/>

Avian Information and History Section

Species:	Breed:	Type:
Number of birds in flock:	Age of the birds:	
Mortality Number:	Vaccination status:	

Birds/Samples Submitted

Number of live birds:	Number of dead birds:	Number of Tissues (specify type below):
Types of Tissues:		

Describe the Complaint or Issue

Describe problem?

Is this a previous problem?

How long has it been going on?

How many birds are affected?

How are the birds housed?

Where did the birds come from?

How long have the birds been in this location?

Are there other birds in with the sick birds?	If yes. What type?	What age?
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What are the clinical signs? Respiratory (sneezing, head shaking, etc.), loose stools/diarrhea, other describe below:

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.

Testing Section

<p style="text-align: center;"><u>Supplies (Insert number needed)</u></p> <p>Bacterial Culture Swabs Biopsy Mailers Collection Tubes <input type="checkbox"/> 50ml <input type="checkbox"/> 15ml <input type="checkbox"/> 4.5ml <i>Campylobacter</i> Transport Media Deep Nasal Swab Kits <input type="checkbox"/> 3 animal kit <input type="checkbox"/> 6 animal kit <i>Tritrichomonas</i> In-pouches (Culture) <i>Tritrichomonas</i> Transport Tubes (PCR) Viral Transport Media Guarded Swabs</p>	<p style="text-align: center;"><u>Pathology</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <p><u>Necropsy</u></p> <input type="checkbox"/> Gross Only <input type="checkbox"/> Gross and Histopathology <input type="checkbox"/> Gross and Discretion of Lab <input type="checkbox"/> <u>Histopathology</u> </td> <td style="width: 40%; padding: 5px;"> <p><u>Clinical Pathology</u></p> <input type="checkbox"/> Exfoliative Cytology <input type="checkbox"/> Serum chemistry <input type="checkbox"/> Total Protein <input type="checkbox"/> White blood cell count </td> </tr> </table>	<p><u>Necropsy</u></p> <input type="checkbox"/> Gross Only <input type="checkbox"/> Gross and Histopathology <input type="checkbox"/> Gross and Discretion of Lab <input type="checkbox"/> <u>Histopathology</u>	<p><u>Clinical Pathology</u></p> <input type="checkbox"/> Exfoliative Cytology <input type="checkbox"/> Serum chemistry <input type="checkbox"/> Total Protein <input type="checkbox"/> White blood cell count
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<p style="text-align: center;"><u>Bacteriology</u></p> <input type="checkbox"/> Acid-Fast for <i>Mycobacteria</i> <input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Aerobic Count <input type="checkbox"/> Anaerobic Culture <input type="checkbox"/> Antimicrobial susceptibility <input type="checkbox"/> <i>Campylobacter</i> Intestinal <input type="checkbox"/> Gram Stain <input type="checkbox"/> Fungal Culture <input type="checkbox"/> <i>Salmonella</i> Culture <input type="checkbox"/> <i>Salmonella</i> Culture (NPIP) <input type="checkbox"/> Yeast/Mold Count	<p style="text-align: center;"><u>Parasitology</u></p> <input type="checkbox"/> AF Stain for <i>Cryptosporidia</i> <input type="checkbox"/> Fecal Floatation <input type="checkbox"/> Giardia/Crypto Antigen <input type="checkbox"/> Fecal Gross Exam <input type="checkbox"/> Larval Culture <input type="checkbox"/> Parasite Gross or Microscopic ID <input type="checkbox"/> Quant Fecal Egg Count	<p style="text-align: center;"><u>Commercial Lab Vaccine Production</u></p> <p>Forward isolate to the selected lab</p> <input type="checkbox"/> Save Isolate for Possible Vaccine <input type="checkbox"/> Addison Lab <input type="checkbox"/> American Animal Health Lab <input type="checkbox"/> Cambridge Lab <input type="checkbox"/> Huvepharma Lab <input type="checkbox"/> Newport Lab <input type="checkbox"/> Phibro Lab	
<p style="text-align: center;"><u>Molecular Diagnostic</u></p> <input type="checkbox"/> Avian Influenza (AI) <input type="checkbox"/> <i>Chlamydophila</i> spp. <input type="checkbox"/> <i>C. perfringens</i> typing <input type="checkbox"/> <i>E. coli</i> typing <input type="checkbox"/> Infectious Bronchitis Virus (IBV) <input type="checkbox"/> Mycoplasma gallisepticum/Mycoplasma synoviae (MG/MS) <input type="checkbox"/> Mycoplasma meleagridis/Mycoplasma iowae (MM/MI) <input type="checkbox"/> <i>Mycoplasma</i> spp. <input type="checkbox"/> Newcastle (NDV) <input type="checkbox"/> Salmonella enteritidis (SE) NPIP <input type="checkbox"/> Salmonella (109 strains) <input type="checkbox"/> <i>Ureaplasma</i> spp. <input type="checkbox"/> West Nile Virus	<p style="text-align: center;"><u>Toxicology</u> (Referred to Another Lab)</p> <input type="checkbox"/> Vitamin A <input type="checkbox"/> Vitamin E <input type="checkbox"/> Nitrates <input type="checkbox"/> Mineral Panel <input type="checkbox"/> Lead <input type="checkbox"/> GC-Mass Spec		
<p style="text-align: center;"><u>ELISA</u></p> <input type="checkbox"/> Avian Encephalomyelitis <input type="checkbox"/> Avian Influenza <input type="checkbox"/> Hemorrhagic Enteritis <input type="checkbox"/> Infectious Bronchitis <input type="checkbox"/> Infectious Bursal Disease <input type="checkbox"/> Mycoplasma gallisepticum <input type="checkbox"/> Mycoplasma meleagridis <input type="checkbox"/> Mycoplasma synoviae <input type="checkbox"/> Newcastle <input type="checkbox"/> ORT (Ornithobacterium rhinotracheale)	<p style="text-align: center;"><u>Serology</u></p> <p><u>ELISA</u></p> <input type="checkbox"/> Avian Reovirus <input type="checkbox"/> Chicken Anemia Virus (CAV) <input type="checkbox"/> Pasteurella multocida (Turkey) <p><u>Other</u></p> <input type="checkbox"/> Avian Influenza AGID <input type="checkbox"/> Avian paramyxovirus 3 (APMV3) HI <input type="checkbox"/> Mycoplasma gallisepticum (MG) SPA <input type="checkbox"/> Mycoplasma meleagridis (MM) SPA <input type="checkbox"/> Mycoplasma synoviae (MS) SPA <input type="checkbox"/> Salmonella pullorum microtiter <input type="checkbox"/> Salmonella pullorum SPA (chicken only)	<p style="text-align: center;"><u>Virology</u></p> <input type="checkbox"/> Electron Microscopy (EM) <p style="text-align: center;"><u>Additional Testing Not Listed</u></p>	

AGID = Agar Gel Immunodiffusion

HI = Hemagglutination Inhibition

SPA = Serum Plate Agglutination