

**Veterinary Diagnostic Center
Avian Submission Form**

Mailing Address: PO Box 82646
Lincoln NE 68501-2646

Phone: 402-472-1434

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

Email: vdc2@unl.edu
<https://vbms.unl.edu/nvdlis>

Opened/Rec'd by:	Copies of this form are located in room 238 and on the NVDC's website.		
Accession Number			
Date Rec'd	Case Coordinator	Referral No.	
Effective Date		Review Date	
10Nov2023		10Nov2024	

Client/Account #:	PO or UNL Cost Object:	Date Mailed:	Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Clinic:	Veterinarian:	Owner:			
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:	Fax:	Phone:		Fax:	
Email Address:			Email Address:		

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	Premise ID:			
<input type="checkbox"/> Third Party Bill	Name:	Address:	City:	State:	ZIP:

Avian Information & History Section

Species:	Breed:	Type: <input type="checkbox"/> Commercial <input type="checkbox"/> Backyard/Hobby <input type="checkbox"/> Pet/Ornamental/Zoo	Age:
No. in Flock:	Mortality Number:	Vaccination Status:	

Birds/Specimens Submitted

Number of Live Birds:	Number of Dead Birds:	Number of Tissues:	Types of Tissues:	Collection Date:
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Describe the Complaint/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? <input type="checkbox"/> No <input type="checkbox"/> Yes: What type?		What age?

What are the clinical signs? (Respiratory (sneezing, head shaking, etc.), loose stools/diarrhea, other.) Describe below:

****If no tests are marked, "Discretion of the Lab" will be assumed****

Tube #	Animal ID	Date	Species	Breed	Age

Supply Order (Insert desired quantity below)

Bacterial Culture Swabs

Campylobacter Transport Media

Collection Tubes*** 50mL 15 mL 4.5 mL

Viral Transport Media

***No Charge

ATTENTION: If you are submitting ANY specimens for AI PCR testing, please indicate reason for testing in the section provided. It is in the PCR test request section on the next page.

For more than 10 animals, email the VDC an Excel list of ID's to vdc2@unl.edu and make note of it above. Please call if you have any questions.

Discretion of the Lab: 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 will be performed.

****If no tests are marked, "Discretion of the Lab" will be assumed****
 If you have any questions regarding any test listed or not, you can call us or visit our online test catalog at <https://vbms.unl.edu/nvdc-tests-fees>

Additional Testing Not Listed:

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.

Serology

- AE ELISA (Avian Encephalomyelitis)
 - AI AGID (Avian Influenza)
 - AI ELISA (Avian Influenza)
 - REO ELISA (Avian Reovirus)
 - CAV ELISA (Chicken Anemia Virus)
 - IBV ELISA (Infectious Bronchitis Virus)
 - IBD ELISA (Infectious Bursal Disease)
 - MG ELISA (Mycoplasma gallisepticum)
 - MG SPA (Mycoplasma gallisepticum)
 - MS ELISA (Mycoplasma synoviae)
 - MS SPA (Mycoplasma synoviae)
 - NDV ELISA (Newcastle Disease Virus)
 - SP MAT (Salmonella pullorum)
 - SP SPA (Salmonella pullorum)
- ***Chicken only ***

Pathology

- Necropsy
- Gross Only
- Gross & Discretion of Lab
- Histopathology
- Clinical Pathology
- Exfoliative Cytology
- Total Protein

Bacteriology

- Aerobic Count
- Aerobic Culture
- Anaerobic Culture
- Antimicrobial Susceptibility
- Campylobacter Culture
- Environmental Count
- ID
- Fungal Culture
- Gram Stain
- Salmonella Culture
- Salmonella Culture (NPIP)
- Yeast/Mold Count

Commercial Lab Vaccine Production

- Save isolates for possible vaccine
- Forward isolate to the selected lab:
- Addison lab
- American Animal Health Lab
- Cambridge Lab
- Huvepharma Lab
- Newport Lab
- Phibro Lab
- Other: _____

Toxicology (Referred to another lab)

- Lead
- Nitrates (bio fluids, water or forage)
- Toxin Screen by GC-Mass Spec
- Trace Minerals
- Vitamin A
- Vitamin E

Parasitology

- AF stain for Cryptosporidia
- Fecal Floatation
- Giardia/Crypto Antigen
- Parasite Gross or Microscopic ID
- Quant Fecal Egg Count
- STAT Testing (See Fee Schedule for turn-around time and pricing of STAT testing.)

Molecular Diagnostics (PCR)

Ind.	Pool	Specimen (Please circle/highlight specimen submitted)
	Avian Influenza AI Realtime PCR	Chickens, Turkeys, Pheasant or Quail: Swabs (Cloacal, Oropharyngeal or Tracheal) Swabs may be pooled: Five swabs in 3.0 ml of viral transport media or BHI (Brain heart infusion medium) or eleven swabs in 5.5 ml of viral transport media. *** A gel bacterial swab is not acceptable***
<input type="checkbox"/>	Routine NPIP or Other Testing	
<input type="checkbox"/>	Sick Bird/High Death Loss Testing **	
<input type="checkbox"/>	** FAD number needed - contact USDA or NDA	
<input type="checkbox"/>	Surveillance Zone Testing	Domestic waterfowl and other wild birds: Cloacal swabs Swabs may be pooled: Five swabs in 3.0 or 5.5 ml of viral transport media *** A gel bacterial swab is not acceptable***
<input type="checkbox"/>	Control Zone Name: _____	
<input type="checkbox"/>	Secure Food Supply Plan Testing (Movement out of control zone)	Any Avian species: Pooled tissue (Spleen, Lung, and Intestine) ***Do not pool tissues from different birds***
<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>	N/A Chlamydia spp. Realtime PCR	Liver Lung Spleen Fluid (Celomic, Pericardial or Thoracic) Swabs (Cloacal, Conjunctival, Bronchial, Joint, Oropharyngeal)
<input type="checkbox"/>	N/A Clostridium perfringens typing	Live organism Feces Small/Large Intestine Fecal swabs
<input type="checkbox"/>	N/A E. coli typing (pili, toxin)	Feces Intestine Fresh tissue
<input type="checkbox"/>	N/A Infectious bronchitis virus (IBV) PCR	Tracheal swab Lung tissue
<input type="checkbox"/>	N/A Mycoplasma gallisepticum/synoviae (MG/MS) Real Time PCR	Tracheal or choanal cleft swabs in PBS, PCR grade water or BHI (Brain Heart Infusion medium) broth or 1 mL of broth culture by a non-phenolic procedure.
<input type="checkbox"/>	N/A Mycoplasma meleagridis/iowae (MM/MI) Real Time PCR	Tracheal or choanal cleft swabs in PBS, PCR grade water or BHI (Brain Heart Infusion medium) broth or 1 mL of broth culture by a non-phenolic procedure.
<input type="checkbox"/>	N/A Mycoplasma spp.	Swab Affected tissue Body Fluid
<input type="checkbox"/>	Newcastle Disease Virus (NDV) Realtime PCR	Chickens, Turkeys, Pheasant or Quail: Swabs (Cloacal, Oropharyngeal or Tracheal) Swabs may be pooled: Five swabs in 3.0 ml of viral transport media or BHI (Brain heart infusion medium) or eleven swabs in 5.5 ml of viral transport media. *** A gel bacterial swab is not acceptable*** Domestic waterfowl and other wild birds: Cloacal swabs Swabs may be pooled: Five swabs in 3.0 or 5.5 ml of viral transport media *** A gel bacterial swab is not acceptable*** Any Avian species: Pooled tissue (Spleen, Lung, and Intestine) ***Do not pool tissues from different birds***
<input type="checkbox"/>	N/A Salmonella Enteritidis PCR NPIP	Drag swab or NPIP approved samples
<input type="checkbox"/>	N/A Salmonella Realtime PCR 109 strains	Drag swab
<input type="checkbox"/>	N/A Ureaplasma spp.	Swab Affected tissue Body Fluid
<input type="checkbox"/>	N/A West Nile Virus (WNV) Real-time	Tissue (Brain or Heart) Swabs (Oropharyngeal or Cloacal)