865-974-5880

UICVM VETERINARY MEDICAL CENTER

Diagnostic Laboratory Service

<u>vetmed.tennessee.edu/vmc/dls</u>		
Company/Complex:		
Grower (if applicable):		
Contact Name:		
Farm Location (Street address, City/State, Zip Code):		
Premises ID:		
Contact Phone:		
Email:		
Hatchery/House/Flock #:	Date Collected:	
Submitted by:	<u>I</u>	
Specimen Provided: Chick Papers W Cleft Palate OP Cloacal Fecal		
Species: Chicken Turkey Duck Quail Other:	Sex: Female Mixed Male Unknown	
Flock size & Breed:	Age/Hatch Date:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	reeder Poultry Meat Commercial Layer	
Egg-type Breeder Breeder Spike Male	Breeder Pullet/Cockerel	
Poultry Breeder Backyard/Exhibition		
Date symptoms started:	No. of Sick Birds: Age:	
Date of last egg laid (if Hen):	Water Source: Municipal	
5 17 0 1 1 1 1 1 1	Well Other:	
Feed Type: Standard Medicated	Date of last flock introduction:	
Standard Unmedicated	In the case of the section of the se	
Home Formulated Are birds free range? Yes No	Is there contact with waterfowl? Yes No	
Lethargic/Drowsy Y N Nasal Discharg	, ,	
Bubbles/Draining Eyes Y N Swollen F		
Evidence of Predation Y N Circling/Di	· -	
Other:	modify Wanting 1 1	
Vaccinations: Marek's (date):	Coccidia (date):	
Unknown Other	(date):	
Treatments administered:		
		
Other comments about disease:		

Avian/Poultry Tests Virology/Immunology

Accession #: Date:

For lab use only

SPECIMEN REQUIREMENTS:

 $\mathbf{B} = \mathsf{Blood}$ **CB** = Clotted blood **CS** = Cloacal/choanal Swab **EA** = Egg Albumin ES = Environmental Swab F = Feces NS = Nasal Swab

 $\mathbf{0S} = \mathbf{0}$ ropharyngeal Swab $\mathbf{S} = \mathbf{S}$ erum T = Tissue

NOTE: Additional fees apply for STAT and Pooling

TEST	SAMPLE
vian Influenza (AI) testing: Contact the state Veterinarian, and we will send samples to Kord Laboratory.	
Avian Metapneumovirus (aMPV) -A, B, and C ELISA	S
Avian Sexing, Psittacine Blood PCR	В
Avian Leukosis Virus (ALV) p27 Antigen ELISA	S or EA
Infectious Laryngotracheitis (ILT) Antibody ELISA	S or EA
Lymphoproliferative disease virus (LPDV) PCR	S, B or T
Mycoplasma gallisepticum ELISA*	S or CB
Mycoplasma meleagridis ELISA*	S or CB
Mycoplasma MG/MS qPCR*	ES, CS, NS or OS
Mycoplasma synoviae ELISA*	S or CB
Salmonella multispecies spp. qPCR*	F, CS, or ES
Salmonella Pullorum Plate Aggutination test*	S

*Denotes a diagnostic test ran with National Poultry Improvement Plan approved parameters or platforms.

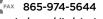
Other tissues/specimens submitted to: (check all that apply)

Bacteriology/Mycology Biopsy - Anatomical Pathology Clinical Pathology

Cytology - Clinical Pathology Endocrinology Necropsy - Anatomical Pathology Parasitology

Ship Samples to: UTCVM Immunology/Virology Laboratory 2407 River Drive, Room A239 | Knoxville, TN 37996-4542







vetmed.tennessee.edu/vmc/dls/virology-immunology/

For the most up-to-date test listings, lab forms, pricing, submission guidelines, and shipping instructions visit vetmed.tennessee.edu/vmc/dls