

**NORTH CAROLINA VETERINARY
DIAGNOSTIC LABORATORY SYSTEM**



For Laboratory Use Only

AVIAN/POULTRY SUBMISSION FORM

Date received: _____ Time Received: _____ Staff initials: _____ Coolant status: *Frozen Cold Warm None* Number of Samples _____
 Delivery: *UPS FEDEX Overnight drop off Hand delivery (name)* _____ Sample condition: *Broken Leaked Crushed*
 Payment: *Billed Paid (\$ _____)*
 Check # _____ Auth # _____ Rcpt # _____

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Account #: _____ Bill to
 Clinic name/company: _____
 Veterinarian/contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Send results by: Fax Email Mail

Account #: _____ Bill to
 Farm name: _____ Location: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Premise ID: _____
 Phone (Home): _____ Cell/Work: _____
 Fax: _____ Email: _____
 Send results by: Fax Email Mail

Private Cremation NO YES Name of Crematory: _____

Commercial Poultry Flocks (circle type)

Broilers Broiler breeders White-egg layers Brown-egg layers Meat-type turkeys Breeder turkeys Other (specify) _____
 Flock ID _____ Age _____ D W M Y Sex _____ Number of birds presented for necropsy _____ (alive _____ dead _____)
 Person to be contacted regarding this case _____ Phone _____

Backyard Birds

Type of bird(s) _____ Breed(s) _____ Age _____ D W M Y Sex _____
 Number of birds presented for necropsy _____ (alive dead) Date & time of death _____

Pet/Aviary Birds

Type of bird(s) _____ Age _____ D W M Y Sex _____ Bird name ID _____ Date & time of death _____

This section for formalin-fixed tissues and other samples

For Avian Influenza, M. gallisepticum, M. synoviae, and M. meleagridis testing, you must use Form AI/Mycoplasma test request form

Type of bird(s) _____ Age _____ D W M Y Sex _____ Bird/farm/flock name/ID _____
 Date & Time of death _____ Date & time of collecting tissue sample _____
 Tissue(s) submitted for histopathology _____
 Sample(s) submitted for other test(s) _____
 Test(s) requested _____

History and/or postmortem findings _____

 Treatments: _____ (use back if necessary)
 Tentative or differential diagnoses: _____

Rollins Laboratory
 FedEx/UPS: 4400 Reedy Creek Rd.
 Raleigh, NC 27607
 US Mail: 1031 Mail Service Center
 Raleigh, NC 27699-1031
 Phone: (919) 733-3986
 Fax: (919) 733-0454

Western Laboratory (Arden)
 FedEx/UPS: 785 Airport Rd.
 Fletcher, NC 27832
 US Mail: 785 Airport Rd.
 Fletcher, NC 27832
 Phone: (828) 684-8188
 Fax: (828) 687-3574

Northwestern Laboratory
 FedEx/UPS: 1689 N. Bridge St.
 Elkin, NC 28621
 US Mail: 1689 N. Bridge St.
 Elkin, NC 28621
 Phone: (336) 526-2499
 Fax: (336) 526-2603

Griffin Laboratory
 FedEx/UPS: 401 Quarry Rd.
 Monroe, NC 28112
 US Mail: 401 Quarry Rd.
 Monroe, NC 28112
 Phone: (704) 289-6448
 Fax: (704) 283-9660

This submission form is a legal binding contract between NCV DLS and the submitter. All fees are the responsibility of the submitter.

Please Note: Specimens submitted for testing become the property of NCV DLS

Questionnaires for Avian Submissions

Commercial Poultry

How many houses on the farm?

Is the problem in one house or multiple houses?

Birds submitted for necropsy are from which house?

What is the problem in the house?

- High mortality. What is the mortality in the last seven days?
- Drop in egg production. Duration and percentage of drop?
- Clinical signs. Briefly describe clinical signs (use back if necessary):

Backyard Poultry

Dead bird: Date and time of death _____ Live bird

Dead bird was refrigerated. Dead bird was frozen.

Any medication recently used: No Yes _____

Briefly describe the clinical signs if any (use back if necessary):

Pet and aviary birds

Date and time of death:

Dead bird was refrigerated.

Dead bird was frozen.

Any medication recently: No Yes _____

Briefly describe clinical signs if any (use back if necessary).