

Instructions for Completing the Poultry Form

For your convenience, save the pre-filled form and use it as a template. Click on **File**, click **Save As** (when saving it for the first time) or **Save** (when revising a previous template).

Print all applicable pages and submit it to the laboratory along with the sample(s). For cases with a long history, please send the submission form to vetlab@gov.mb.ca as this expedites case entry and transcription. See page 3 for an example of a completed submission form.

Fill in blanks. Information in bold indicates a **required** field:

1. Routine, Legal or Rush
 - a. A chain of custody form should accompany the sample and submission form for legal cases.
 - b. You can access the chain of custody form and fee schedule on our website <http://www.manitoba.ca/agriculture/vds>
 - c. Additional charges may apply if rush requests are accommodated. Please indicate date results are required and tests you would like rushed. The fee schedule lists our turnaround times.

2. Commercial, Small Flock, **Flock Size**
 - a. Flock size will determine whether the submission qualifies for additional subsidized testing.
 - b. For information on the subsidized Small Flock Avian Influenza Program please visit our website.

3. **Name of Veterinarian, Clinic**, Additional Report To
 - a. Include the first and last name of the veterinarian.
 - b. Clinic is the institution of the referring veterinarian. Referring clinic is billed automatically unless indicated otherwise.
 - c. Referring and billing clinic will automatically receive the report. We accommodate requests for reporting to one additional person. Please indicate full name and contact information including phone number and email address.

4. **Owner/Farm Name**
 - a. Include owner's full name (first and last name) and/or farm name.

5. **Farm Location**
 - a. Include the legal land location and municipality (e.g., NE 13-3-4E, RM of Little Fork).

6. **Premises #/Reference**
 - a. Premises # consists of a 7-digit number (e.g., MB 1234567).
 - b. Reference can include any information that helps you match your record to our report (e.g., Barn 2 south side).

ATTENTION: Important Note About Client Information

- a. Premises # and Farm Location are important for traceability and therefore must be provided to receive Manitoba Agriculture supported rates for testing.
- b. For more information on Manitoba's Premises Identification Program, please visit our website.

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7. **Production Type:**
 - a. This information is important because some of the diseases are specific to certain production types.

8. **Related Case #**
 - a. It is helpful for us to know the previous VDS case number. Previous results can help with diagnostic plans, test result interpretation, and diagnosis.

9. **Sample Collection Date**
 - a. This information allows us to determine the acceptability of the sample for testing.

10. **Flock ID, Age, Sex**
 - a. Providing information on the birds is important when submitting for necropsy as it affects testing and interpretation.
 - b. Label samples with farm name and the flock identification number provided on the form. This will ensure sample and form are matched correctly when it arrives to the lab.

11. **History**
 - a. This helps us to interpret test results and determine what organs to sample during necropsy. Based on the history, we can also make recommendations for additional testing. Start with gathering information:
 - i. Age of birds when problems started (onset, duration)
 - ii. Recent changes in this barn (e.g., maintenance, lighting, ventilation)
 - iii. Is the flock being treated with anything? Vitamins? Vaccinations?
 - iv. Have there been any problems with the flock prior to this?
 - b. When submitting multiple samples for serology, indicate pooling requirements.

12. **Samples Submitted**
 - a. Indicate the type and number of samples submitted.

13. **Tests**
 - a. Check off the test(s) you would like performed. If a test is not on the form use the **Send Out** box in the left bottom corner to indicate testing. Specify the test and the laboratory you would like the samples sent to for additional testing. Additional charges for send outs will apply.

14. **Name of Submitter**
 - a. If the submission is coming directly through the clinic, include the veterinarian's name.
 - b. If the owner submits the sample/birds to VDS, we may ask for the submitter's full name and contact information in case we have follow-up questions.

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Poultry Form

Veterinary Diagnostic Services
 545 University Crescent, Winnipeg, Manitoba R3T 5S6
 P: 204-945-8220 F: 204-948-2854 E: vetlab@gov.mb.ca
 W: www.manitoba.ca/agriculture/vds



Routine Legal Rush (advanced notice and history required, fees apply) By Friday February 25th, 2018
 Commercial Small farm flock (less than 1000 birds) Flock size 10,000
 Referring veterinarian Dr. John Smith Clinic/Institution (of referring veterinarian) Manitoba Veterinary Clinic
 Alternative billing (billed to clinic above if not otherwise specified) Manitoba Poultry Distribution
 Additional report to (limit of one) Amanda Protect, aprotect@manitobpd.com, cell: 204-345-8967

Information including physical location and premises identification number are required for the purpose of effective reporting and traceability

Owner/Farm name Molly Bloom Farm Farm location NE 13-3-4E, RM of Little Fork
 (Legal Land Location and Municipality)
 Premises # MB1234567 Reference (info to be included on report) Barn 2 South Side

Production type:
 chicken pullet chicken layer chicken broiler breeder chicken broiler chicken layer breeder
 turkey meat turkey breeder duck goose other _____

Related case # _____ Sample collection date February 23rd, 2018
 Flock ID 1234-GH-AJ Age 10 d w m y Sex M F

History (vaccinations, treatments, mortalities, etc.) table for ID numbers and continued history located on back page
Birds look weak with mild respiratory signs such as sneezing and gurgling noises. Temperature in barn is steady but ambient temperatures did fluctuate over the weekend when mortalities spiked. Six birds submitted for evaluation.

Samples submitted:

live _____ # dead 6 # sera _____ # fecal swabs _____ # oropharyngeal swabs _____ # yolk sac swabs _____
 # environmental swabs _____ # sponges _____ # dust _____ # fluffs _____ # booties _____ # chick paper _____
 fixed: _____ fresh: _____ other: _____

ANATOMIC PATHOLOGY

- Necropsy
- Histopathology

MICROBIOLOGY

- Bacteriology**
- Culture & sensitivity
- Salmonella screen
- Mycology**
- Fungal culture
- Parasitology**
- Direct exam
- Fecal flotation
- Parasite ID

VIROLOGY PCR

- Avian Influenza A virus (AIV)
- Avian leukosis virus J-strain (ALV)
- Avian orthoreovirus
- Chicken anemia virus (CAV)
- Chlamydomphila psittaci
- Infectious bronchitis virus (IBV)
- Infectious bursal disease virus (IBDV)
- Infectious laryngotracheitis virus (ILT)
- Marek's disease virus (MDV)
- Mycoplasma gallisepticum (MG)
- Newcastle disease virus (APMV -1)
- Ornithobacterium rhinotracheale (ORT)
- West Nile virus (WNV)

VIROLOGY ELISA

- Avian encephalomyelitis virus (AEV)
- Avian orthoreovirus
- Chicken anemia virus (CAV)
- Infectious bronchitis virus (IBV)
- Infectious bursal disease virus (IBDV)
- M. gallisepticum & M. synoviae (MG & MS)
- M. meleagridis (MM)
- Newcastle disease virus (APMV -1)

Send out: Please specify test & Referral Lab

Dr. John Smith

Name of submitter (please print)

The personal information on this form is collected under the authority of The Animal Diseases Act and will only be used for the purposes intended under the legislation. It is protected by the provisions of The Freedom of Information and Protection of Privacy Act. Rev 1/2020