

# Poultry Form

Veterinary Diagnostic Services  
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Routine     Legal     Rush (advanced notice and history required, fees apply) \_\_\_\_\_

Commercial     Small farm flock (less than 1000 birds)    Flock size \_\_\_\_\_

Referring veterinarian \_\_\_\_\_ Clinic/Institution (of referring veterinarian) \_\_\_\_\_

Alternative billing (billed to clinic above if not otherwise specified) \_\_\_\_\_

Additional report to (limit of one) \_\_\_\_\_

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

Owner/Farm name \_\_\_\_\_ Farm location \_\_\_\_\_  
(Legal Land Location and Municipality)

Premises # \_\_\_\_\_ Reference (info to be included on report) \_\_\_\_\_

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 \_\_\_\_\_

Flock ID \_\_\_\_\_ Age \_\_\_\_\_ d  w  m  y  Sex M  F

**History** (vaccinations, treatments, mortalities, etc.)     table for ID numbers and continued history located on back page

Samples submitted:

# live \_\_\_\_\_ # dead \_\_\_\_\_ # sera \_\_\_\_\_ # fecal swabs \_\_\_\_\_ # oropharyngeal swabs \_\_\_\_\_ # yolk sac swabs \_\_\_\_\_

# environmental swabs \_\_\_\_\_ # sponges \_\_\_\_\_ # dust \_\_\_\_\_ # fluffs \_\_\_\_\_ # booties \_\_\_\_\_ # chick paper \_\_\_\_\_

fixed: \_\_\_\_\_ fresh: \_\_\_\_\_ other: \_\_\_\_\_

ANATOMIC PATHOLOGY	VIROLOGY PCR	VIROLOGY ELISA
<input type="checkbox"/> Necropsy	<input type="checkbox"/> Avian Influenza A virus (AIV)	<input type="checkbox"/> Avian encephalomyelitis virus (AEV)
<input type="checkbox"/> Histopathology	<input type="checkbox"/> Avian leukosis virus J-strain (ALV)	<input type="checkbox"/> Avian orthoreovirus
<b>MICROBIOLOGY</b>	<input type="checkbox"/> Avian orthoreovirus	<input type="checkbox"/> Chicken anemia virus (CAV)
<b>Bacteriology</b>	<input type="checkbox"/> Chicken anemia virus (CAV)	<input type="checkbox"/> Infectious bronchitis virus (IBV)
<input type="checkbox"/> Culture & sensitivity	<input type="checkbox"/> Chlamydomphila psittaci	<input type="checkbox"/> Infectious bursal disease virus (IBDV)
<input type="checkbox"/> Salmonella screen	<input type="checkbox"/> Infectious bronchitis virus (IBV)	<input type="checkbox"/> M. gallisepticum & M. synoviae (MG & MS)
<b>Mycology</b>	<input type="checkbox"/> Infectious bursal disease virus (IBDV)	<input type="checkbox"/> M. meleagridis (MM)
<input type="checkbox"/> Fungal culture	<input type="checkbox"/> Infectious laryngotracheitis virus (ILT)	<input type="checkbox"/> Newcastle disease virus (APMV -1)
<b>Parasitology</b>	<input type="checkbox"/> Marek's disease virus (MDV)	
<input type="checkbox"/> Direct exam	<input type="checkbox"/> Mycoplasma gallisepticum (MG)	
<input type="checkbox"/> Fecal flotation	<input type="checkbox"/> Newcastle disease virus (APMV -1)	
<input type="checkbox"/> Parasite ID	<input type="checkbox"/> Ornithobacterium rhinotracheale (ORT)	
	<input type="checkbox"/> West Nile virus (WNV)	

**Send out: Please specify test & Referral Lab**

Name of submitter (please print) \_\_\_\_\_

**Continued History and Sample ID Numbers**

**Veterinarian**

**Owner**

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<u>Sample Number</u>	<u>Sample ID</u>	<u>Sample Number</u>	<u>Sample ID</u>
<u>1</u>		<u>15</u>	
<u>2</u>		<u>16</u>	
<u>3</u>		<u>17</u>	
<u>4</u>		<u>18</u>	
<u>5</u>		<u>19</u>	
<u>6</u>		<u>20</u>	
<u>7</u>		<u>21</u>	
<u>8</u>		<u>22</u>	
<u>9</u>		<u>23</u>	
<u>10</u>		<u>24</u>	
<u>11</u>		<u>25</u>	
<u>12</u>		<u>26</u>	
<u>13</u>		<u>27</u>	
<u>14</u>		<u>28</u>	