

Poultry Form

Veterinary Diagnostic Services
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W: www.manitoba.ca/agriculture/vds



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/Flock ID (info to be included on report) _____

Production type:

chicken pullet chicken layer chicken layer breeder chicken broiler chicken broiler breeder

turkey meat turkey breeder duck goose other _____

Related case # _____ Sample collection date _____

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

Send out: Please specify test & Referral Lab

Name of submitter (please print) _____

Continued History and Sample ID Numbers

Veterinarian

Owner

| |
|--|
| |
|--|

| <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> | |