

**NOVA SCOTIA DEPARTMENT OF AGRICULTURE**

**Quality Evaluation**

**Veterinary Pathology Laboratory**

**65 River Road**

**Truro, NS B2N 5E3**

**Phone: 902/893-6540/ Fax: 902/895-6684**

**Date Collected:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**AHL Lab Accession #:** \_\_\_\_\_

**Submitted by:** Veterinarian \_\_\_ Owner \_\_\_ Other \_\_\_\_\_

**Report to:** Veterinarian \_\_\_ Owner \_\_\_ Other \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Veterinarian:** \_\_\_\_\_

**Farm Identification:** \_\_\_\_\_ **Flock Identification:** \_\_\_\_\_ **Flock Code:** \_\_\_\_\_

**Poultry Type:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Flock Size:** \_\_\_\_\_

**AVIAN SEROLOGY (ELISA)**

**Vaccination History**

AGE	VACCINE	ROUTE

**TESTS REQUESTED:** AE \_\_\_ CAV \_\_\_ IBD-XR \_\_\_ IBV \_\_\_ MG \_\_\_ MS \_\_\_ NDV \_\_\_ REO \_\_\_

**NUMBER OF SAMPLES SUBMITTED:** (minimum 15) \_\_\_\_\_

**ENVIRONMENTAL SAMPLES**

**TYPE:** Fluff \_\_\_ Peptone Swabs \_\_\_ **NUMBER SAMPLES SUBMITTED:** \_\_\_\_\_

**LOCATION:** Hatchery \_\_\_ Broiler Breeders \_\_\_ Layer Breeders \_\_\_

**COMMENTS:**