



## AVIAN SUBMISSION FORM

**Animal Health Laboratory**  
 Hancock Veterinary Building – 65 Sipi Awti, Bible Hill, NS B2N 2P3  
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 animalhealthlab@novascotia.ca  
 www.novascotia.ca/agriculture-labs

**Accession Number:**

  
  
  

(LAB USE ONLY)

**\*Submitter Information**

Owner \_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_  
 Veterinarian/Clinic \_\_\_\_\_  Other (Name/Email) \_\_\_\_\_  
**Billing To:**  Owner  Veterinarian  Other      **Report To:**  Owner  Veterinarian  Other

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

**\*Identification:** \_\_\_\_\_ **Premise ID:** \_\_\_\_\_

**\*Species:**  Chicken  Turkey  Other \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:**  Female  Male  Mixed **\*Age:** \_\_\_\_\_  days  weeks  months  years

**Operation:**  Broiler  Broiler-Breeder  Layer  Layer-Breeder  Small Flock  Hatchery

*History & Special Requests (additional space on back) Presenting illnesses, clinical signs, treatments, vaccinations, etc.	*Specimen ID List each ID individually	*Specimen Type	*No. Sent	No. Recd
No. at risk _____ No. sick _____ No. dead _____ Duration of problem _____ (days, weeks, months, years)  <input type="checkbox"/> Euthanized Method _____	*If more than 10 specimens email a spreadsheet with IDs	<input type="checkbox"/> Carcass		
		<input type="checkbox"/> Feces		
		<input type="checkbox"/> Fixed Tissue		
		<input type="checkbox"/> Fluid		
		<input type="checkbox"/> Fresh Tissue		
		<input type="checkbox"/> Peptones <input type="checkbox"/> Fluffs		
		<input type="checkbox"/> Sponges		
		<input type="checkbox"/> Serum		
		<input type="checkbox"/> Swab		
		<input type="checkbox"/> Whole Blood		
<input type="checkbox"/> Other (specify): _____				

**\*Test Information**

Serology	Bacteriology	Pathology (max 6 carcasses per submission)	Referral/Other
<input type="checkbox"/> MG/MS ELISA <input type="checkbox"/> CAV ELISA <input type="checkbox"/> AEV ELISA <input type="checkbox"/> NDV ELISA <input type="checkbox"/> IBV ELISA <input type="checkbox"/> Reovirus ELISA <input type="checkbox"/> IBDV-XR ELISA	<input type="checkbox"/> Aerobic Culture <input type="checkbox"/> Aerobic Culture & Susceptibility  <b>Parasitology</b> <input type="checkbox"/> Fecal flotation	<input type="checkbox"/> Necropsy <input type="checkbox"/> Histopathology  <b>Environmental Testing</b> <input type="checkbox"/> Salmonella - BAX (PCR) <input type="checkbox"/> Salmonella - Direct Culture (MFHPB-20)	<input type="checkbox"/> FAdV microneutralization <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

**Date Received:** \_\_\_\_\_ **Received By:** \_\_\_\_\_ **Case Coordinator:** \_\_\_\_\_

Results derived from testing may be used for statistical surveillance of animal health in Nova Scotia. Laboratory Services complies with the Federal Health of Animals Act. Laboratory Services will make all reasonable efforts to keep personal information confidential and not disclose personal identifiers. Specimens are analyzed as provided. The laboratory takes no responsibility for the accuracy of information submitted.

\* = Required Information

**History and Special Requests**