



Veterinary Diagnostic Laboratory

1937 Christensen Dr | Ames, IA 50011-1100
515-294-1950 | Fax 515-294-6961 | www.vetmed.iastate.edu/vdl

SUBMITTER _____
Company Name _____
Address _____
City, State & Zip _____
Phone _____ Fax _____
Email _____

If Owner Name and Address are same as Animal Location (include info under Site Name)

OWNER _____
Address _____
City, State & Zip _____

Third-Party Billing (pre-approved)	Affiliates (list clinic names or codes)
	<input type="checkbox"/> NPIP

Special Reporting Requests

Fax _____
 Email _____

Species: Avian Chicken Turkey Other _____

SAMPLES

Collection Date _____ **No. of Samples** _____

Sample #	Sample ID	Age (check unit) <input type="checkbox"/> d <input type="checkbox"/> wk <input type="checkbox"/> NA	(Other)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Laboratory Use Only Case No. _____
Inventory

ANIMAL LOCATION: Premises, Flock and Submission-Level Identifiers

SITE NAME _____
Address _____
City, State & Zip _____
County _____ Country _____

Premises ID# (attach premises ID bar code sticker if available)

Lot ID _____
Source or Flock ID _____
Reference (House/Barn) _____
Case Tag _____

Reason for Test

General Diagnostics
 Business Continuity
 Required Regulatory
 Research
 Other _____
(Specify reason for testing if for official regulatory purposes)

Premises Type (Best Description)

Chicken, Broiler
 Chicken, Layer
 Turkey
 Gamebird, Waterfowl
 Backyard
 Exhibition
 Other _____

Consecutively numbering samples (e.g. 1, 2, 3, 4, ...) greatly enhances receiving, accessioning, and sample processing efficiencies within the laboratory.

Sample #	Sample ID	Age (check unit) <input type="checkbox"/> d <input type="checkbox"/> wk <input type="checkbox"/> NA	(Other)
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

Additional Test Selection on Page 2 >



SUBMITTER _____

SITE NAME _____

SAMPLE TYPE	<input type="checkbox"/> Chick Papers	<input type="checkbox"/> Cloacal Swab	<input type="checkbox"/> Drinker Swab	<input type="checkbox"/> Eggs	<input type="checkbox"/> Serum	<input type="checkbox"/> Tracheal/Or-pharyngeal Swab
CONSECUTIVE SAMPLE ID#’S	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Export to: _____ Ship date: _____	<input type="checkbox"/> Chick Paper Swabs	<input type="checkbox"/> Enviromental	<input type="checkbox"/> Feces	<input type="checkbox"/> DOAs	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

See ISU VDL website: www.vetmed.iastate.edu/vdl for complete listing of tests, fees, and submission guidelines.

All samples will be tested for each assay requested unless noted in the column “Test Samples” (i.e., AIV 1 - 6, MG 1 - 11).

SEROLOGY

Serum* or Eggs*	Test Samples	Serum	Test Samples
<input type="checkbox"/> AIV AGID* [†]	_____	<input type="checkbox"/> aMPV ELISA	_____
<input type="checkbox"/> AIV ELISA*	_____	<input type="checkbox"/> AEV ELISA	_____
<input type="checkbox"/> ORT ELISA*	_____	<input type="checkbox"/> HEV ELISA	_____
<input type="checkbox"/> Pullorum AGG*	_____	<input type="checkbox"/> AvIBV ELISA	_____
<input type="checkbox"/> Reovirus ELISA*	_____	<input type="checkbox"/> MG ELISA	_____
<input type="checkbox"/> Bordetella avium E ELISA*	_____	<input type="checkbox"/> MS ELISA	_____
		<input type="checkbox"/> NDV ELISA	_____

SALMONELLA

- Salmonella enteritidis culture (FDA SE Rapid Test)
- Salmonella culture (All Serotypes)
- Salmonella enteritidis culture + Other Specific Serotype _____
- Salmonella monitored (NPIP hatchery)
- Salmonella DOA (group D only)
- Pullorum reactors (NPIP, all serotypes)

BACTERIAL CULTURE

Specify organisms/tests _____

- Culture/ID
- Sensitivity
- Save isolate

Test Sample #'s _____

OTHER

- Routine fecal[^]
- Quantitative fecal[^] (oocysts per gram)
- Chick quality assessment

Additional Information or Other Requests:

MOLECULAR

PCR

	Individual	Test Samples	Pooled at Farm	Pool at Lab	Test Samples	Pool (< or=5)
AvHepEV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AIV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
aMPV ^{^^}	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
APMV-1 (NDV)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvAdV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvBA	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvIBV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvILTV	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AvPGal	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. gallisepticum (MG)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. synoviae (MS)	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. iowae	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
M. meleagridis	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ORT	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
P. multocida	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Reovirus	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Salmonella Serotyping	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Salmonella spp	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SEQUENCING[^]

- AvILTV genotyping [^]
- _____
- _____
- _____

VIRUS ISOLATION (VI)

- AIV VI
- aPMV-1 (NDV) VI
- _____
- _____

[^] Testing performed in part or in total at a Referral Laboratory.

TOXICOLOGY

- Water Quality Panel (includes: nitrate, total dissolved solids, sulfates, and coliforms)
- Mycotoxin Panel
- Bone Ash
- _____

List of abbreviations used by the ISUVDL can be found here: <https://vetmed.iastate.edu/vdl/diagnostic-tests/pathogen-and-testing-abbreviations>

Send by overnight delivery on ice packs in insulated box with lid.