



Virginia Regional Animal Health Laboratories

Harrisonburg 540-209-9110		Lynchburg 434-200-9988
Richmond Office 804-786-9202	Warrenton 540-347-6385	Wytheville 276-228-5501

Date Stamp _____

****LAB USE ONLY****

Accession Number _____

Receipt # _____

Amount Paid \$ _____

Poultry Necropsy/Tissue Submission Form

Fill Completely

Submitter Information	Owner Information
Veterinarian/Submitter _____	(If billing owner, information must be filled in completely)
Clinic/Business _____	Name _____
Address _____	Business Name _____
City _____ State _____ Zip _____	Address _____
Phone _____ Fax _____	City _____ State _____ Zip _____
Email _____	Phone _____ Fax _____
	Email _____

Bill Owner? (Y/N) _____ Send owner copy? (Y/N) _____

Number & Type of Specimens: _____

Specific Test Request: _____

<u>Species/Production Class</u>	<u>Flock Information:</u>	<u>Vaccination History (Age/Date)</u>
<input type="checkbox"/> Turkey	Breed _____	AI _____
<input type="checkbox"/> Breeder	Age _____ (D or W) Sex _____	Marek's _____
<input type="checkbox"/> Meat	Flock ID _____	NDV _____
	House #/ID _____	IBV _____
<input type="checkbox"/> Chicken	County in which birds are located: _____	IBDV _____
<input type="checkbox"/> Breeder	# at Ranch/Farm _____	AE _____
<input type="checkbox"/> Layer	# in House _____	Pox _____
<input type="checkbox"/> Meat	% or # Sick _____	MG _____
	% or # Mortality _____ (D/W/M)	HE _____
<input type="checkbox"/> Other		B. avium _____
<input type="checkbox"/> _____		ILT _____
		Avibacterium _____
		ORT _____
		Other _____

History

History (clinical signs, nutrition, housing, treatment, production level, etc. Use next page if more space is needed.):

Disease (s) or condition (s) suspected: _____

Medication (s) (type & when given): _____

SIGNATURE OF SUBMITTER: _____

DATE _____

CONTINUATION SHEET

Accession Number _____

History (continued) _____

ANIMAL IDENTIFICATION (please use for multiple animal submission)

Animal ID/Name	Breed	Sex (F/M)	Age	Qty	Specimen Type	Tests Requested