



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 Breeder Meat	Breed _____	AI _____
	Age _____ (D or W) Sex _____	Marek's _____
<input type="checkbox"/> Chicken Breeder Layer Meat	Flock ID _____	NDV _____
	House #/ID _____	IBV _____
<input type="checkbox"/> Other <input type="checkbox"/> _____	County in which birds are located: _____	IBDV _____
	# at Ranch/Farm _____	AE _____
	# in House _____	Pox _____
	% or # Sick _____	MG _____
	% or # Mortality _____ (D/W/M)	HE _____
		B. avium _____
		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: _____
All testing performed at the laboratory is subject to regulatory reporting requirements at the State and Federal Level

DATE _____
D40405 Poultry Submission Form
Version 3, effective date 11/26/2019
Associated documents: P402, HSOP-P02
Page 1 of 2

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

All testing performed at the laboratory is subject to regulatory reporting requirements at the State and Federal Level