

**NORTH CAROLINA VETERINARY  
DIAGNOSTIC LABORATORY SYSTEM**



For Laboratory Use Only

**AVIAN/POULTRY SUBMISSION FORM**

Date received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Coolant status: *Frozen Cold Warm None* Number of Samples \_\_\_\_\_  
 Delivery: *UPS FEDEX Overnight drop off Hand delivery (name)* \_\_\_\_\_ Sample condition: *Broken Leaked Crushed*  
 Payment: *Billed Paid (\$ \_\_\_\_\_)*  
 Check # \_\_\_\_\_ Auth # \_\_\_\_\_ Rcpt # \_\_\_\_\_

**For Lab Use Only**

Account #: _____ <input type="checkbox"/> Bill to Clinic name/company: _____ Veterinarian/contact: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____ E-mail: _____ Send results by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	Account #: _____ <input type="checkbox"/> Bill to Farm name: _____ Location: _____ Address: _____ City: _____ State: _____ Zip: _____ County: _____ Premise ID: _____ Phone (Home): _____ Cell/Work: _____ Fax: _____ Email: _____ Send results by: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail
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**Private Cremation** NO  YES  Name of Crematory: \_\_\_\_\_

**Commercial Poultry Flocks (circle type)**

Broilers Broiler breeders White-egg layers Brown-egg layers Meat-type turkeys Breeder turkeys Other (specify) \_\_\_\_\_  
 Flock ID \_\_\_\_\_ Age \_\_\_\_\_ D W M Y Sex \_\_\_\_\_ Number of birds presented for necropsy \_\_\_\_\_ (alive \_\_\_\_\_ dead \_\_\_\_\_)  
 Person to be contacted regarding this case \_\_\_\_\_ Phone \_\_\_\_\_

**Backyard Birds**

Type of bird(s) \_\_\_\_\_ Breed(s) \_\_\_\_\_ Age \_\_\_\_\_ D W M Y Sex \_\_\_\_\_  
 Number of birds presented for necropsy \_\_\_\_\_ ( alive  dead) Date & time of death \_\_\_\_\_

**Pet/Aviary Birds**

Type of bird(s) \_\_\_\_\_ Age \_\_\_\_\_ D W M Y Sex \_\_\_\_\_ Bird name ID \_\_\_\_\_ Date & time of death \_\_\_\_\_

**This section for formalin-fixed tissues and other samples**

*For Avian Influenza, M. gallisepticum, M. synoviae, and M. meleagridis testing, you must use Form AI/Mycoplasma test request form*

Type of bird(s) \_\_\_\_\_ Age \_\_\_\_\_ D W M Y Sex \_\_\_\_\_ Bird/farm/flock name/ID \_\_\_\_\_  
 Date & Time of death \_\_\_\_\_ Date & time of collecting tissue sample \_\_\_\_\_  
 Tissue(s) submitted for histopathology \_\_\_\_\_  
 Sample(s) submitted for other test(s) \_\_\_\_\_  
 Test(s) requested \_\_\_\_\_

History and/or postmortem findings \_\_\_\_\_  
 \_\_\_\_\_  
 Treatments: \_\_\_\_\_ (use back if necessary)  
 Tentative or differential diagnoses: \_\_\_\_\_

**Rollins Laboratory**  
 FedEx/UPS: 4400 Reedy Creek Rd.  
 Raleigh, NC 27607  
 US Mail: 1031 Mail Service Center  
 Raleigh, NC 27699-1031  
 Phone: (919) 733-3986  
 Fax: (919) 733-0454

**Western Laboratory (Arden)**  
 FedEx/UPS: 785 Airport Rd.  
 Fletcher, NC 27832  
 US Mail: 785 Airport Rd.  
 Fletcher, NC 27832  
 Phone: (828) 684-8188  
 Fax: (828) 687-3574

**Northwestern Laboratory**  
 FedEx/UPS: 1689 N. Bridge St.  
 Elkin, NC 28621  
 US Mail: 1689 N. Bridge St.  
 Elkin, NC 28621  
 Phone: (336) 526-2499  
 Fax: (336) 526-2603

**Griffin Laboratory**  
 FedEx/UPS: 401 Quarry Rd.  
 Monroe, NC 28112  
 US Mail: 401 Quarry Rd.  
 Monroe, NC 28112  
 Phone: (704) 289-6448  
 Fax: (704) 283-9660

*This submission form is a legal binding contract between NCV DLS and the submitter. All fees are the responsibility of the submitter.*

**Please Note: Specimens submitted for testing become the property of NCV DLS**

# Questionnaires for Avian Submissions

## Commercial Poultry

How many houses on the farm?

Is the problem in one house or multiple houses?

Birds submitted for necropsy are from which house?

What is the problem in the house?

- High mortality. What is the mortality in the last seven days?
- Drop in egg production. Duration and percentage of drop?
- Clinical signs. Briefly describe clinical signs (use back if necessary):

## Backyard Poultry

Dead bird: Date and time of death \_\_\_\_\_  Live bird

Dead bird was refrigerated.  Dead bird was frozen.

Any medication recently used:  No  Yes \_\_\_\_\_

Briefly describe the clinical signs if any (use back if necessary):

## Pet and aviary birds

Date and time of death:

Dead bird was refrigerated.

Dead bird was frozen.

Any medication recently:  No  Yes \_\_\_\_\_

Briefly describe clinical signs if any (use back if necessary).