



THE UNIVERSITY OF
MELBOURNE

APCAH PCR Laboratory
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Laboratory use only

APCAH #:

Date:

Receiver:

POULTRY SPECIMENS FOR DIAGNOSTIC PCR SUBMISSION FORM

Please send submissions to the above address, marked '**Refrigerate on Arrival**' and **include this form** with each specimen submitted.

SPECIMEN SUBMISSION REQUIREMENTS

- See attached '**Preferred specimen type and transport conditions guide**' for full details.
- Please collect and store individual tissue samples and swabs separately.

The APCA laboratory takes no responsibility for the results of specimens not submitted under the conditions outlined.

Date collected: _____ Date submitted: _____

Submitted By: _____ Ph: _____

Veterinarian: _____ Flock ID/Shed No.: _____

Poultry company: _____

Farm location: _____

Testing required:

FAdV/IBH IBV AEV ANV CIAV

EDSV MDV Fowlpox Avipox BLS

Pasturella multocida/Fowl cholera APEC (*E. coli*) HEV

Avibacterium/Infectious coryza ALV (subgroups A-E & J)

Mycoplasma anatis *Mycoplasma meleagridis*

ILTV: detection & TYPING detection ONLY

Mycoplasma gallisepticum: detection & TYPING detection ONLY

Mycoplasma synoviae: detection & TYPING detection ONLY

Chlamydia: detection & TYPING detection ONLY

Specimens submitted:

Swabs: Tissue type: _____ No.: _____ Dry / VTM

Other (whole tissues, eggs etc.): _____ No.: _____ Fresh / Frozen

Whole birds: No.: _____ Fresh / Frozen Post mortem examination required: YES / NO

Collection date/time: _____

Vaccination & medication history:

Vaccines & routes used: _____

Medication history: _____

Flock details & history:

Layers Broilers Other: _____

Flock size: _____ Flock age: _____

Date symptoms became evident: _____ Approximate % of flock affected: _____

Mortality since symptoms commenced: _____ Mortality past 24 hrs: _____

History of illness: _____

Clinical signs / additional information:

Reporting details:

Name: _____

Company: _____

Email: _____

Ph: _____ Fax: _____

Invoicing details:

Company: _____

Attention: _____ ABN: _____

Address: _____

Email: _____ Ph: _____