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 APCAH 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
☐ Pasteurella 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: _______________________

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