

LAB USE ONLY

Poultry Research & Diagnostic Laboratory

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PRDL Non-Commercial Avian Submission Form

VETERINARIAN:	OWNER:
CLINIC NAME:	FARM:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:
BILL TO: OWNER CLINIC THIRD PARTY (NAME/ADDRESS)	
REPORT THIS ACCESSION VIA: EMAIL FAX MAIL REPORT TO: CLINIC OWNER BOTH	

BACKYARD CHICKEN	BACKYARD TURKEY	BACKYARD QUAIL Raised for Release: Y or N
BACKYARD OTHER: _____		BACKYARD DUCK Raised for Release: Y or N
WILD BIRD species: _____		ZOO BIRD species: _____
BREED/STRAIN:	MALE FEMALE	AGE: _____
	BOTH UNKNOWN	DAYS/WEEKS/MONTHS/YRS

HISTORY: Mortality to Date:			
Daily Mortality for past 3 days	Date:	Mortality:	Date:
Please enter a complete history in this field.			

SPECIMENS SUBMITTED: Date Collected: _____

NECROPSY # Live Birds _____ # Dead Birds _____	<input type="checkbox"/> HISTOPATHOLOGY Tissues: _____ _____	VIROLOGY Virus Suspected: _____ VIRUS ISOLATION VIRAL GENOTYPING
SEROLOGY AI ELISA MG/MS ELISA AI AGID REO ELISA MG HI NDV ELISA MS HI IBV ELISA IBV HI IBD ELISA CAV ELISA	BACTERIOLOGY Site: _____ Organism Suspected: _____ Aerobic w/Sensitivity Anaerobic Fungal	MOLECULAR AI PCR OTHER PCR: _____ OTHER TESTS: