



LAB USE ONLY

CASE #:

DATE RECEIVED:

WAY BILL #:

DIAGNOSTIC SUBMISSION FORM

*Farm Name:	*BILL TO:
Owner Name:	<input type="checkbox"/> Owner <input type="checkbox"/> Submitter
Address:	<input type="checkbox"/> Other: (name, address & phone)
City: Postal Code:	
Phone: Cell:	
E-mail: Fax:	
Submitter's Purchase Order #:	

***Declaration of Agent**

I, (agent name) _____ of (company) _____ am acting as agent for the above stated farm (the "Owner") who is the owner of the birds being submitted for testing. As agent, I am expressly stating that I have full authorization and authority from the Owner to disclose any information required concerning the Owner, and subsequently, to consent and authorize Poultry Health Services Ltd. to further disclose any information required pursuant to federal or provincial legislation.

Agent E-mail:	Agent Phone:
Agent Fax:	Agent Cell:

TYPE OF BIRD	FLOCK INFORMATION
<input type="checkbox"/> BROILER BREEDER	Barn: _____ # of birds: _____
<input type="checkbox"/> BROILER	Barn: _____ # of birds: _____
<input type="checkbox"/> LEGHORN BREEDER	Barn: _____ # of birds: _____
<input type="checkbox"/> LEGHORN PULLET	*Flock ID Number: _____ *Flock Size: _____
<input type="checkbox"/> LEGHORN LAYER	Age: ____ <input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> years
<input type="checkbox"/> TURKEY BREEDER	Placement Date: _____
<input type="checkbox"/> TURKEY MEAT	
<input type="checkbox"/> OTHER _____	

Quota Owning Commercial Producer: YES NO **BOARD:** ACP ATP Egg Farmers (EFA) AHEP

Mortality Details	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
# of dead															
# of culls															

BIRDS SUBMITTED	ADDITIONAL FLOCK INFORMATION
Live: _____ (All live birds must be received directly by a technician)	Purchased the birds from: _____
Dead: _____	Housing: <input type="checkbox"/> Cages <input type="checkbox"/> Floor Pen <input type="checkbox"/> Outside
Total: _____	Water Source: _____
	Feed Supplier: _____
	Treatments Given: _____
	Vaccinations: <input type="checkbox"/> IBD <input type="checkbox"/> H.E. <input type="checkbox"/> Coccidiosis <input type="checkbox"/> IBV
	<input type="checkbox"/> Mareks <input type="checkbox"/> Other _____ <input type="checkbox"/> Unsure
MORTALITY TO DATE	
% _____	
# _____	
% of Affected Birds: _____	



***DO ALL REQUIRED TESTING FOR A COMPLETE DIAGNOSIS**
 ***CONTACT ME FOR ALL TESTING COSTS ABOVE THE POST MORTEM CHARGE**

SEROLOGY SUBMISSION # of samples ____ Date taken ____ **Bill to:** Owner Submitter Other _____

*TYPE OF TESTS REQUESTED			*Service Type Requested
<input type="checkbox"/> IBD-XR	<input type="checkbox"/> HE	<input type="checkbox"/> NEWCASTLE	<input type="checkbox"/> Regular Service – Results in 10 business days (plus shipping time) <input type="checkbox"/> Rush Service – Results in 5 business days (plus shipping time) \$200 additional fee <input type="checkbox"/> Urgent Service – Results in 2 business days (plus shipping time) \$500 additional fee
<input type="checkbox"/> AE	<input type="checkbox"/> ORT	<input type="checkbox"/> Bordetella avium	
<input type="checkbox"/> MG / MS	<input type="checkbox"/> IBD+	<input type="checkbox"/> MM	
<input type="checkbox"/> AI	<input type="checkbox"/> IBV	<input type="checkbox"/> S. Enteritidis	
<input type="checkbox"/> CAV	<input type="checkbox"/> REO	<input type="checkbox"/> _____	

***FECAL SUBMISSION** Routine Fecal Flotation Oocyst Per Gram **Bill to:** Owner Submitter Other _____

Service Requested		Flock Age	Sample Date	Barn #	WAS THIS FLOCK TREATED FOR WORMS?
<input type="checkbox"/> Regular Service Results in 10 business days (plus ship time) <input type="checkbox"/> Rush Service Available upon request \$100 additional fee	Sample 1				<input type="checkbox"/> YES <input type="checkbox"/> NO AGE ____ DOSE/PRODUCT _____
	Sample 2				<input type="checkbox"/> YES <input type="checkbox"/> NO AGE ____ DOSE/PRODUCT _____
	Sample 3				<input type="checkbox"/> YES <input type="checkbox"/> NO AGE ____ DOSE/PRODUCT _____

***FEED SUBMISSION** # of samples ____ Hold Test ____ **Bill to:** Owner Submitter Other _____

***LITTER SUBMISSION** # of samples ____ Hold Test ____ **Bill to:** Owner Submitter Other _____

***WATER SUBMISSION** # of samples ____ Hold Test ____ **Bill to:** Owner Submitter Other _____
 (Time sensitive, courier charges will apply)

***HISTORY & DETAILS OF PROBLEM:** (Include management changes; treatment given - specify what and for how long. What other problems have occurred with this or previous flocks? Describe problems, including egg production or shell quality issues. What questions would you like answered?)

ADDITIONAL COMMENTS: (will not appear on the submission report)

***SEND RESULTS:** Owner Submitter Hatchery Processor Other

Consent to Disclosure

If it appears, in the sole and absolute discretion of Poultry Health Services Ltd., that the birds submitted are suffering or may be suffering from a provincially or federally notifiable or reportable disease, or in the event that the birds submitted may be suffering from a disease that Poultry Health Services Ltd., in its sole and absolute discretion, deems should be reported, I agree that in addition to any disclosure required under federal or provincial legislation, Poultry Health Services Ltd. can notify immediately the appropriate Egg or Poultry Marketing Board in order to ensure that an effective Emergency Response Plan is executed, and in doing so, Poultry Health Services Ltd. can disclose to the appropriate Board with any and all information required to effectively execute the Emergency Response Plan.

Disclaimer: Please note that any samples collected by the veterinarian, or additional samples submitted with birds (such as feed, water, feces etc.) if not tested, will be held until this case is closed, unless stated otherwise. After this time, unless specifically requested in writing, the held samples will be destroyed. Additional fee (\$10/sample) will apply for samples requested to be stored beyond this time.

***Submitter's Signature:** _____ ***Date:** _____