ACCESSION FORM FOR AVIAN DIAGNOSTICS

Mailing and Shipping address:
2607 West Pioneer
Puyallup, WA. 98371-4990

Avian Health and Food Safety Laboratory
Washington Animal Disease Diagnostic Laboratory
College of Veterinary Medicine, Washington State University
Web Site: http://www.vetmed.wsu.edu/depts_waddl/

Phone: 253-445-4537
Fax: 253-445-4544

Please type or use ink and print clearly.

AHFSL USE ONLY

Owner / Submitter:		(AHFSL OWNER CLIENT #)
Street:		
City:	State:	Zip:
Phone:	Fax	
Date Shipped /Submitted:	E-Mail:	

Veterinarian:			(AHFSL CLIENT #)
Clinic:			(AHFSL CLINIC CLIENT #)
Street:	City:	State:	Zip:
Phone:	Fax:	E-mail:	

Specimen(s) Submitted: Bird ☐ [Live ☐ or Dead ☐] ☐ Dragswabs ☐ Feces *Date Collected:*

☐ Blood ☐ Serum ☐ Tissues _____ ☐ Swab ☐ Fluff ☐ Other _____

TESTS REQUESTED

☐ Necropsy ☐ Bacteriology
☐ Histopathology ☐ Virology ☐ Parasitology
☐ PCR _____ ☐ Other: _____

☐ Serology: ☐ S. pull / typhoid ☐ MG ☐ MS ☐ MM
☐ AI ☐ NDV ☐ IB ☐ IBD ☐ REO ☐ AE
☐ S. pull / typhoid Microtiter ☐ Other _____

DIAGNOSTIC HISTORY

Please fill out appropriate section below as completely as possible:

Species	Breed	Sex	Age	Animal ID (name / band #)	Number Birds on Farm	Number of Deaths in Last 3 Days	Last 14 Days	Number Sick

Type of Feed	Vaccinations/Medications/Antibiotics	Duration of Problem

Additional History: *Disease / disorder signs: Respiratory, nervous system, digestive system, etc. Please inform us if the flock was being treated with antibiotics and for how long. If the flock has been treated, keep the birds off the antibiotics for 3 days prior to submitting samples. (Attach additional pages as necessary.)*

Bird Shipping Instructions: Remove feather insulation with some soap and plenty of cold running water; package in an insulated box with icepacks and send overnight delivery. Avoid shipping close to a weekend.

Submitter's Signature: X	*Condition(s) Suspected:*