

ACCESSION FORM FOR AVIAN DIAGNOSTICS
Avian Health and Food Safety Laboratory

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

Washington Animal Disease Diagnostic Laboratory
 College of Veterinary Medicine, Washington State University

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Please type or use ink and print clearly.

Web Site: <https://www.vetmed.wsu.edu/avian>

AHFSL USE ONLY

Veterinarian: _____

Clinic: _____ First time Submitter? Yes No

Street address: _____ PO box or Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Owner: _____

Farm Name: _____ First time Submitter? Yes No

Street address: _____ PO box or Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Billing: Owner Clinic 3rd Party (preapproval required) Please note: WADDL policy is to bill the clinic if provided.

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		Number Sick
						Last 3 Days	Last 14 Days	
Type of Feed			Vaccinations/Medications/Antibiotics			Duration of Problem		

Specimen(s) Submitted: _____ *Date Collected:* _____ *Date Shipped:* _____

of Birds _____ (Live or Dead) Blood Serum Swab Fluff Feces

Dead Bird Shipping Instructions: Remove feather insulation with some soap and plenty of cold running water (do not rinse); package in an insulated box with icepacks; send overnight delivery. Avoid shipping close to a weekend.

Dragswabs Tissue(s) _____

Chickpaper Other: _____

TEST REQUESTED

Necropsy (autopsy) **Histology** **Toxicology** Samples are forwarded to main lab in Pullman for testing

WADDL reserves the right to modify the tests requested for more efficient case work-up and/or to send specimens to outside laboratories to perform testing not done at WADDL

Serology (immunodiagnostics):	Microbiology:	Molecular (PCR):	
<input type="checkbox"/> Avian Influenza (AI)	<input type="checkbox"/> Bacteria isolation & id.	<input type="checkbox"/> Avian Influenza (AI)	<input type="checkbox"/> Sex determination
<input type="checkbox"/> S. pullorum / typhoid	<input type="checkbox"/> Salmonella isolation	<input type="checkbox"/> Newcastle (NDV or aPMV-1)	<input type="checkbox"/> Chlamydochila psittaci
<input type="checkbox"/> Mycoplasma gallisepticum (MG)	<input type="checkbox"/> FDA or NPIP	<input type="checkbox"/> Infectious laryngotracheitis (ILT)	<input type="checkbox"/> Pacheco's disease
<input type="checkbox"/> Mycoplasma synoviae (MS)	<input type="checkbox"/> Parasite detection	<input type="checkbox"/> Mycoplasma: MG & MS	<input type="checkbox"/> Polyomavirus
<input type="checkbox"/> Newcastle (NDV or aPMV-1)	<input type="checkbox"/> Fungus isolation	<input type="checkbox"/> Infectious bronchitis (IB)	<input type="checkbox"/> Beak & Feather (PBFD)
<input type="checkbox"/> Infectious bronchitis (IB)	<input type="checkbox"/> Mycoplasma isolation	<input type="checkbox"/> Chicken Anemia virus (CIAV)	<input type="checkbox"/> Pigeon circovirus
<input type="checkbox"/> Infectious bursal disease (IBD)	<input type="checkbox"/> Virus isolation	<input type="checkbox"/> Infectious bursal disease (IBD)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		

HISTORY / REASON FOR SUBMISSION

Describe clinical signs (e.g. respiratory, nervous, digestive, etc). Provide animal(s)/sample(s) id's. Attach additional pages as necessary.

Submitter's Signature: _____ Date: _____ Condition(s) Suspected: _____