**ACCESSION FORM FOR AVIAN DIAGNOSTICS**
Avian Health and Food Safety Laboratory
Washington Animal Disease Diagnostic Laboratory
College of Veterinary Medicine, Washington State University

**Please type or use ink and print clearly.**

**Species** | **Breed** | **Sex** | **Age** | **Number Sick**
---|---|---|---|---

**Type of Feed**

**Specimen(s) Submitted:**

<table>
<thead>
<tr>
<th># of Birds</th>
<th>[ ] Live</th>
<th>[ ] Dead</th>
</tr>
</thead>
</table>

**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.

**TEST REQUESTED**

**Serology (immunodiagnastics):**

| [ ] Avian Influenza (AI) | [ ] S. pullorum / typhoid |
| [ ] Mycoplasma gallisepticum (MG) | [ ] Mycoplasma synoviae (MS) |
| [ ] Newcastle (NDV or aPMV-1) | [ ] Infectious bronchitis (IB) |
| [ ] Infectious bursal disease (IBD) | [ ] Other: ____________ |
| [ ] Other: ____________ |

**Microbiology:**

| [ ] Bacteria isolation & id. | [ ] Salmonella isolation |
| [ ] FDA or NPIP | [ ] Parasite detection |
| [ ] Fungus isolation | [ ] Mycoplasma isolation |
| [ ] Virus isolation | [ ] Other: ____________ |

**Molecular (PCR):**

| [ ] Avian Influenza (AI) | [ ] Newcastle (NDV or aPMV-1) |
| [ ] Infectious laryngotracheitis (ILT) | [ ] Mycoplasma: MG & MS |
| [ ] Infectious bronchitis (IB) | [ ] Chicken Anemia virus (CAV) |
| [ ] Infectious bursal disease (IBD) | [ ] Other: ____________ |

**Histology**

**Toxicology**

Samples are forwarded to main lab in Pullman for testing.

**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:**

X

**Date:** ____________

**Condition(s):**

**Suspected:**

**Avian Health and Food Safety Laboratory**
**Washington Animal Disease Diagnostic Laboratory**
College of Veterinary Medicine, Washington State University

Please type or use ink and print clearly.

**Duration of Problem**

**Number of Deaths in**

**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.

**First time Submitter?**

**Yes**

**No**

**Billing:**

[ ] Owner

[ ] Clinic

[ ] 3rd Party (preapproval required)

Please note: WADDL policy is to bill the clinic if provided.

**Submitter's Signature:**

X

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