

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

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Please type or use ink and print clearly.

AHFSL USE ONLY

Veterinarian:		
Clinic:	First time Submitter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street address:		PO box or Mailing address:
City:	State:	Zip:
Phone:	Fax:	E-mail:

Owner:		
Farm Name:		First time Submitter? <input type="checkbox"/> Yes <input type="checkbox"/> 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
 Dragswabs Tissue(s) _____
 Chickpaper Other: _____

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

Necropsy (autopsy) **Histology** **Toxicology**
Toxicology samples forwarded to main WADDL lab in Pullman, WA.

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