



Poultry Laboratory Submission Form

Classification	ID	Revision	Effective Date
S-DS-F	10740	2	

Center

Gonzales

635 Malone Dr.
Center, TX 75935

1162 E. Sarah DeWitt Dr.
Gonzales, TX 78629

P.O. Box 84
Gonzales, TX 78629

Phone: 936-598-4451
Fax: 936-598-2741

Phone: 830-672-2834

Fax: 830-672-2835

All samples submitted to TVMDL for testing become the property of the agency and may be tested as part of state/federal surveillance programs, utilized for research purposes and/or development of new assays. TVMDL is unable to return samples to the client unless prior arrangements are made and approved by the agency Director or designee.

TVMDL USE ONLY

Accession

Opened By: _____

Carrier: _____

Date Shipped: _____

Comment(s): _____

Supplies Requested:

Other Information:

CLIENT INFORMATION

Farm/House: _____

Account # (REQUIRED): _____

Flock ID: _____

Account Name: _____

Owner/TPF#: _____

Address: _____

Address: _____

City: _____

City: _____

State / Zip: _____

State / Zip: _____

Phone #: _____

Phone #: _____

Fax #: _____

Email: _____

Email: _____

CASE / SPECIMEN INFORMATION

An accession fee of \$6.00 is charged on all submissions

For a complete list of tests, see our website at tvmidl.tamu.edu

Today's Date: _____

Test(s) Requested: _____

Specimen(s) Submitted: _____

Signalment & History

Species/Breed: _____ Age: _____ Other: _____

Birds in Flock: _____ # Sick: _____ # Dead: _____ Duration of Illness: _____

Clinical Signs, Nutrition, Management, Environment, Vaccinations, Treatments, & Other Relevant Information:
(Reporting of individual animal results will REQUIRE specimen ID numbers to be listed here OR listed on an attached sheet)

Treatment(s) & Date(s) Administered:

Necropsy Record



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Clinical Exam:

Necropsy Exam:

Intestinal Scrapings:

Samples Collected:

Serology

ELISA	AGID, Plate, Tube, Other	HI
AI	AI	MG
MG-MS	MG	MS
MM	MS	MM
NDV	MM	NDV
IBV	PT	IBV-Mass
IBDV	S. typhimurium	IBV-Conn
	TCV	IBV-Ark

Comments & Client Contacts: _____

Diagnosis / Conclusions: _____