



Poultry Laboratory Submission Form

Classification	ID	Revision	Effective Date
S-DS-F	10740	4	6/26/2018 7:58:29 AM

Center

Gonzales

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Center, TX 75935

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Gonzales, TX 78629

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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 #:

CLIENT INFORMATION

Farm/House: _____	Account # (REQUIRED): _____	Client PO#: _____ Opened By: _____ Carrier: _____ Date Received: _____ Comments: _____ _____ Supplies Requested: _____
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 tvmdl.tamu.edu

Today's Date: _____ Specimen Collection Date: _____

Specimen(s) Submitted: _____

Test(s) Requested: _____

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)



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Necropsy Record

Clinical Exam:

Necropsy Exam:

Samples Collected:

ELISA	AGID, Plate, Tube, Other	HI	PCR
AI	AI	MG	AI Matrix
MG-MS	MG	MS	MG/MS
REO	MS	PMV-1 (NDV)	NDV
PMV-1 (NDV)	PT	IBV-Mass	ILT
IBV	<i>S. typhimurium</i>	IBV-Conn	
IBDV		IBV-Ark	

Comments & Client Contacts:

Diagnosis / Conclusions:
