

Farm/House:

Flock ID:

Owner/TPF#:

Address:

Poultry Laboratory Submission Form

 Classification
 ID
 Revision
 Effective Date

 S-DS-F
 10740
 5
 8/31/2018 10:39:24 AM

Center

Gonzales

635 Malone Dr. Center, TX 75935

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

1162 E. Sarah DeWitt Dr. Gonzales, TX 78629

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.

Account # (REQUIRED):

Account Name:

Address:

City: _____

TVMDL USE ONLY

Accession #:

Client PO#:

Opened By:

CLIENT INFORMATION

City:	Sta	te / Zip:	Carrier:	
State / Zip:		one #:		
Phone #:	F	:#:	Date Received:	
Email:	Em	ail:	Comments:	
	ASE / SPECIMEN INFO	g, and sample requirements, please visit http://tvmdl.tam	Supplies Requested:	
Today's Date:	Speci	imen 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, Manage (Reporting of individual animal results	ment, Environment, Vaccinations, T will REQUIRE specimen ID numbers to be	Treatments, & Other Relevant Informat e listed here OR listed on an attached sheet)	ion:	



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Classification S-DS-F

ID 10740 Revision 5

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TVMDL LISE ONLY

	I VIVIDE USE	JINLI	
Necropsy Record Clinical Exam:			
Necropsy Exam:			
Camples Callested			
Samples Collected:			
ELISA	AGID, Plate, Tube, Other	НІ	PCR
AI	Al	MG	Al Matrix
MG-MS	MG	MS	MG/MS
REO	MS	PMV-1 (NDV)	NDV
PMV-1 (NDV)	PT	IBV-Mass	ILT
IBV	S. typhimurium	IBV-Conn	
BDV		IBV-Ark	
Comments & Client Contact	s:		
Diagnosis / Conclusions:			