



Poultry Laboratory Submission Form

Classification	ID	Revision	Effective Date
S-DS-F	10740	3	4/19/2016 3:10:22 PM

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 #:

Client PO#:

Opened By:

Carrier:

Date Shipped:

Comments:

Supplies Requested:

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

Comments & Client Contacts:

Diagnosis / Conclusions:
