**DIAGNOSTIC SUBMISSION FORM**

**LAB USE ONLY CASE #:**

**DATE RECEIVED: WAY BILL #:**

Case #

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Farm Name: | | | | | | | | | **\*Bill To:** | | | | | | | | |
| Owner Name: | | | | | | | | | **Owner Submitter** | | | | | | | | |
| Address: | | | | | | | | | **Other: (name, address & phone)** | | | | | | | | |
| City: Postal Code: | | | | | | | | |  | | | | | | | | |
| Phone: Cell: | | | | | | | | |  | | | | | | | | |
| E-mail: Fax: | | | | | | | | | Submitter's Purchase Order #: | | | | | | | | |
| **\*Declaration of Agent**  I, (agent name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of (company)**\_\_\_\_\_\_\_\_\_\_\_­\_\_** am acting as agent for the above stated farm (the “Owner”) who is the owner of the birds being submitted for testing. As agent, I am expressly stating that I have full authorization and authority from the Owner to disclose any information required concerning the Owner, and subsequently, to consent and authorize Poultry Health Services Ltd. to further disclose any information required pursuant to federal or provincial legislation. | | | | | | | | | | | | | | | | | |
| Agent E-mail: | | | | | | | | | Agent Phone (Office): | | | | | | | | |
| Agent Fax: | | | | | | | | | Agent Cell: | | | | | | | | |
| **TYPE OF BIRD**  BROILER BREEDER   BROILER  LEGHORN BREEDER  LEGHORN PULLET  LEGHORN LAYER  TURKEY BREEDER  TURKEY MEAT  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | **FLOCK INFORMATION**  Barn: \_\_\_\_\_ # of birds: ­ ­\_\_\_\_\_\_\_\_\_\_\_ \*RWA FLOCK YesNo  Barn: \_\_\_\_\_ # of birds: ­ ­\_\_\_\_\_\_\_\_\_\_\_  Barn: \_\_\_\_\_ # of birds: ­ ­\_\_\_\_\_\_\_\_\_\_\_  \*Flock ID Number: \_\_\_\_\_\_\_\_\_\_ \*Flock Size: \_\_\_\_\_\_\_\_\_\_\_\_\_  Age**: \_\_\_\_** days weeks years    Placement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **Quota Owning Commercial Producer:** YES NO **BOARD**: ACP ATP Egg Farmers (EFA) AHEP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Mortality Details | | Sun | Mon | Tue | Wed | Thu | Fri | Sat | | Sun | Mon | Tue | Wed | Thu | Fri | Sat | Total |
| # of dead | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| # of culls | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **BIRDS SUBMITTED**  Live: \_\_\_\_\_\_ (All live birds must be received directly by a technician)  Dead: \_\_\_\_\_\_  Total: \_\_\_\_\_\_  **MORTALITY TO DATE**  % \_\_\_\_\_\_\_\_\_  # \_\_\_\_\_\_\_\_\_\_  % of Affected Birds: \_\_\_\_\_\_\_\_\_\_\_ | **ADDITIONAL FLOCK INFORMATION**  Purchased the birds from:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Housing: Cages Floor Pen Outside  Water Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Feed Supplier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Treatments Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vaccinations: IBD H.E. Coccidiosis IBV    Mareks Other **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Unsure |
| **\*DO ALL REQUIRED TESTING FOR A COMPLETE DIAGNOSIS**  **\*CONTACT ME FOR ALL TESTING COSTS ABOVE THE POST MORTEM CHARGE** | |

**SEROLOGY SUBMISSION** # of samples\_\_\_\_\_\_\_\_\_ Date taken \_\_\_\_\_\_\_\_\_\_ **Bill to:**  Owner Submitter Other \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **\*TYPE OF TESTS REQUESTED**  IBD-XR HE NEWCASTLE  AE ORT Bordetella avium  MG / MS IBD+ MM  AI IBV S. Enteritidis  CAV REO \_\_\_\_\_\_\_ | **\*SERVICE TYPE REQUESTED**  **Regular Service** – Results in 10 business days **(**plus shipping time**)**  **Rush Service** – Results in 5 business days (plus shipping time) **$200 additional fee**  **Urgent Service** – Results in 2 business days (plus shipping time) **$500 additional fee** |

**\*FECAL SUBMISSION Routine Fecal Flotation Oocyst Per Gram** **Bill to:** Owner Submitter Other \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service Requested** |  | **Flock Age** | **Sample Date** | **Barn #** | **RFF: Was this flock treated for worms?** | **OPG: Feed Medication Program** |
| **Regular Service** Results in 10 business days **(plus ship time)**  **Rush Service**  Available upon request  **$100 additional fee** | **Sample 1** |  |  |  | Yes No Age:\_\_\_\_\_\_\_\_\_ Dose/Product: \_\_\_\_\_\_\_\_\_\_\_\_ | Feed Medication: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sample 2** |  |  |  | Yes No Age: \_\_\_\_\_\_\_\_\_ Dose/Product: \_\_\_\_\_\_\_\_\_\_\_\_ | Feed Medication: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sample 3** |  |  |  | Yes No Age: \_\_\_\_\_\_\_\_\_ Dose/Product: \_\_\_\_\_\_\_\_\_\_\_\_ | Feed Medication: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*FEED SUBMISSION** # of samples \_\_\_\_\_\_ Hold Test \_\_\_\_\_\_ **Bill to:** Owner Submitter  Other \_\_\_\_\_\_\_\_\_

**\*LITTER SUBMISSION** # of samples Hold Test **Bill to:** Owner Submitter Other \_\_\_\_\_\_\_\_\_

**\*WATER SUBMISSION** # of samples \_\_\_\_\_\_ Hold Test \_\_\_\_\_\_ **Bill to:** Owner Submitter Other \_\_\_\_\_\_\_\_\_

(Time sensitive, courier charges will apply)

**\*HISTORY & DETAILS OF PROBLEM:** (Include management changes; treatment given - specify what and for how long. What other problems have occurred with this or previous flocks? Describe problems, including egg production or shell quality issues. What questions would you like answered?)

**ADDITIONAL COMMENTS:** (will not appear on the submission report)

|  |
| --- |
| **\*SEND RESULTS:** Owner  Submitter Hatchery Processor Other \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Consent to Disclosure**

If it appears, in the sole and absolute discretion of Poultry Health Services Ltd., that the birds submitted are suffering or may be suffering from a provincially or federally notifiable or reportable disease, or in the event that the birds submitted may be suffering from a disease that Poultry Health Services Ltd., in its sole and absolute discretion, deems should be reported, I agree that in addition to any disclosure required under federal or provincial legislation, Poultry Health Services Ltd. can notify immediately the appropriate Egg or Poultry Marketing Board in order to ensure that an effective Emergency Response Plan is executed, and in doing so, Poultry Health Services Ltd. can disclose to the appropriate Board with any and all information required to effectively execute the Emergency Response Plan.

Disclaimer: Please note that any samples collected by the veterinarian, or additional samples submitted with birds (such as feed, water, feces etc.) if not tested, will be held until this case is closed, unless stated otherwise.  After this time, unless specifically requested in writing, the held samples will be destroyed.  Additional fee ($10/sample) will apply for samples requested to be stored beyond this time.

|  |  |
| --- | --- |
| **\*Submitter’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **\*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date Received (lab use): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Way Bill #:** |