UCONN | COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY

University of Connecticut, Dept. of Pathobiology and Veterinary Science
61 North Eagleville Rd., U-3809, Storrs, CT 06269-3089 Phone (860) 486-3738
Website: www.cvmdl.uconn.edu Email: CVMDL.office@uconn.edu

Laboratory Use Only

Accession Label.

Office Use: Date Received by Laboratory:

☐ FedEx ☐ UPS ☐ USPS ☐ Walk in

Avian Diagnostic and Surveillance Submission Form

***Review and understand all CVMDL Policies regarding submissions at https://cvmdl.uconn.edu/policy/ ***

Submitter – Complete all fields

Agency Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Collector: _____

Reporting: All reports are sent via email *Check Junk Folder*

Send report to: ____ Submitter ____ Owner ____ Both

Priority/Expedited Testing Requested:

____ Yes / ____ No

Animal Location / Billing Information – Complete all fields

Animal Location/Site Name: _____

Address: _____

City/State/Zip: _____

County: _____

Source, Flock ID, or Premises ID: _____

Billing Party's Name(s): _____

Additional Name(s) for report: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Collection Site/Production Class/Purpose of Test/Clinical Signs – Required

Collection Site:

- ☐ Exhibition
- ☐ Laboratory
- ☐ Market/Collection Point
- ☐ Non-Producer Participants
- ☐ Production/Farm
- ☐ Quarantine Facility
- ☐ Slaughter Plant

Production Class:

- ☐ Breeding/Genetic Stock
- ☐ Companion
- ☐ Competition
- ☐ Meat
- ☐ Unknown
- ☐ Wildlife
- ☐ Other: _____

Purpose of Test:

- ☐ FAD, FAD No: _____ (FAD investigation)
- ☐ General Diagnostics, Suspect (sick birds)
- ☐ High Risk Wildlife (all wildlife)
- ☐ Interstate Movement (birds moving interstate)
- ☐ Live Bird Market (birds in the LBM system)
- ☐ NPIP (NPIP system birds)
- ☐ Surveillance (routine, outbreak, or post C&D)
- ☐ Traceback (linked to confirmed/suspect premises)

Clinical Signs:

- ☐ NONE
- ☐ Coughing
- ☐ Feather puffing
- ☐ Gasping
- ☐ Wheezing
- ☐ Sneezing
- ☐ Lethargy
- ☐ Blue/pale comb/wattles
- ☐ Non-ambulatory
- ☐ Neurological signs
- ☐ Anorexia
- ☐ Bubbly peri/ocular discharge
- ☐ Distended abdomen
- ☐ Egg bound
- ☐ Jaundice
- ☐ Diarrhea
- ☐ Sudden weight loss
- ☐ Sinus swelling
- ☐ Sudden decrease in water consumption/egg production

Test Request(s): Enter the number of each test type requested

Date Collected: _____

___ IAV PCR (p0007) *** ___ AI AGID (r0001) ___ IAV Environmental (p0007) ___ END PCR (p0010) ***

___ M. gallisepticum (r0009) ___ M. synoviae (r0011) ___ M. meliagridis (r0010) ___ S. pullorum (owner expense) (r0015)

___ S. pullorum (state expense) (r0015) ___ S. pullorum (suspect/reactor retest) (r0014)

___ Necropsy (□private/□communal cremation) ___ Other: _____

***PLEASE NOTE: **For gallinaceous species only:** up to 11 swabs (O/T) can be pooled into 5.5 ml tube of BHI broth (with antibiotic). **For all species:** up to 5 swabs (O/C) per 3ml broth (without antibiotic). **DO NOT mix different species or sample type in the same tube.**

Sample Type: (more than one sample type may be entered per bird) T-Tracheal Swab, O-Oropharyngeal Swab, C-Cloacal Swab, B-Blood, Ca-Carcass, S-Serum									
							Laboratory use only		
AI/END Tube #	Sample #	Sample Type	IDENTIFICATION #	SPECIES/BREED	SEX	AGE	Pullorum	AI AGID	Other
	1								
	2								
	3								
	4								
	5								
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