

**DIAGNOSTIC SERVICES AND TEACHING LABORATORY
UNIVERSITY OF GEORGIA**

POULTRY DIAGNOSTIC & RESEARCH CENTER
953 COLLEGE STATION ROAD
ATHENS, GA 30605

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PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE

Grower/Farm Name: _____ Complex: _____ Flock: _____
Company: _____ City/State: _____
Send Report and Bill to: _____
Company/Institution: _____
Address: _____ County: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____
Additional Copies to: _____ Fax: _____ E-mail: _____

SPECIMEN INFORMATION:

Number Submitted: _____ Type of specimen: _____
Type of bird: Broiler Broiler Breeder Layer Layer Breeder Turkey Breeder Turkey Meat Sentinel Other: _____
Breed: _____
Age: _____ Birds/samples from House Number: _____
Total Number of Birds on Farm: _____ Number of Houses: _____ Number of Houses Affected: _____
Bird history or Reason for Submission: _____

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PLEASE CIRCLE TESTS REQUESTED

Histopathology

Bacteriology – looking for: _____

Serology: AGP: Adenovirus Avian Influenza Marek's Hemorrhagic enteritis Fowl pox

Infectious Bronchitis HI's: Mass 41 Conn 46 Del 072 Ark 99 **NDV HI**

ELISAS: ND IBV IBD (Standard) IBD-XR REO MS MG CAV AI AE LT LEUK (ALV) SE IDEXX SE BioChek,
SE/ST BioChek FAV (Adeno) APV (TRT) REV

Plate Agglutination Tests: MS MG MM SP

Mycoplasma HI's: MS MG MM

Virus Isolation: IBV AI LT NDV IBD Marek's REO Adeno Fowl Pox ALV Astro Corona CAV AE

PCR: IBV IBD MS MG MI MM ALV CAV ILT Salmonella (B, C1, C2, D) Astrovirus Coronavirus

Mycoplasma: Culture Sequencing

Other Tests (please specify): _____

Submitted by: _____

NOTE: When paying with credit card, wait for invoicing and contact Joan King at 706-542-5639 or joanking@uga.edu