

PDRC DIAGNOSTIC SERVICES AND TEACHING LABORATORY
UNIVERSITY OF GEORGIA

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FILLABLE PDF: [HTTP://VET.UGA.EDU/IMAGES/UPLOADS/PDRC/ACCESSION FORM.PDF](http://vet.uga.edu/images/uploads/pdrc/accession_form.pdf)

GROWER INFORMATION

Grower/Farm Name: _____ Complex: _____ Flock: _____
Grower Company: _____ City/State: _____ County: _____

REPORTING AND INVOICING INFORMATION

Send **Report** and Invoice to: _____ Company: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____
CC: E-mail: _____ E-mail: _____
E-mail: _____ E-mail: _____
Submitted by: _____

SPECIMEN INFORMATION:

Number Submitted: _____ Type of specimen: _____ From House # _____
Indicate Bird Type:

Broiler	Broiler Breeder	Layer	Layer Breeder	Turkey Breeder	Turkey Meat	Sentinel	Other
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Breed: _____ Age: _____ wks _____ days #Birds on Farm: _____ # of Houses: _____ # of Houses Affected: _____
Bird history or Reason for Submission: _____

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PLEASE CIRCLE TESTS REQUESTED

Histopathology: Please list tissue submitted _____

Bacteriology – looking for: _____

Mycoplasma: Culture

Serology: AGP: Adenovirus Avian Influenza Hemorrhagic enteritis

HI's: Mass 41 Conn 46 Del 072 Ark 99 NDV MG MS MM

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

Plate Agglutination Tests: MS MG Salm. group D **Salmonella Tube Tests:** pullorum/gallinarum enteritidis

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

PCR: IBV NDV REO IBD MS MG MI MM ALV CAV ILT Salmonella Astrovirus Coronavirus Adeno AE AI Hepatitis E
Marek's APV FP REV Rotavirus Av. paragallinarum Campy Cl. perfringens Cl. colinum PMV3 C. hepaticus P. multocida

Other Tests (please specify): _____
