

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

POULTRY DIAGNOSTIC & RESEARCH CENTER  
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ATHENS, GA 30605

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**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: \_\_\_\_\_  
Submitted by: \_\_\_\_\_

**SPECIMEN INFORMATION:**

Number Submitted: \_\_\_\_\_ Type of specimen: \_\_\_\_\_ From House # \_\_\_\_\_

Circle Bird Type:

Broiler	Broiler Breeder	Layer	Layer Breeder	Turkey Breeder	Turkey Meat	Sentinel	Other
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Breed: \_\_\_\_\_ Age: \_\_\_\_\_ # 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 Marek's

APV FP REV Rotavirus Av. paragallinarum Campy Cl. perfringens Cl. colinum PMV3

**Genotyping:** Performed on positive PCR reactions (Please state if you DO NOT want genotyping)

**Other Tests (please specify):** \_\_\_\_\_  
\_\_\_\_\_