

# DOMESTIC SUBMISSION FORM



## Poultry Diagnostic & Research Center

Diagnostic Services & Teaching Laboratory  
College of Veterinary Medicine  
University of Georgia

953 College Station Road, Athens, Georgia USA 30605  
Tel: 706-542-5657 Fax: 706-542-0252 Email: pdrc@uga.edu  
<https://vet.uga.edu/diagnostic-service-labs/pdrc-diagnostic-services/>

<b>LABORATORY USE ONLY</b>	
PDCR ACCESSION#: _____	DATE RECEIVED: _____

<b>Bill-To Person:</b>	<b>Grower Company:</b>	
Bill-To Company:	Grower Complex:	Flock:
Bill-To Address:	Grower Farm:	
City: _____ State: _____ Zip: _____	City: _____ State: _____	Zip: _____
Bill-To Phone: _____ Fax: _____	Email report to:	
Bill-To Email:	Email report to:	
Submitted by:	Email report to:	

**PLEASE FILL OUT THIS FORM COMPLETELY:** By submitting diagnostic specimens to the PDRC, clients are considered to have agreed to PDRC testing procedures and policies, including billing. If tests not offered or temporarily out of service at PDRC are requested, specimens will be referred to other reputable laboratories and a shipping fee/test charges from the referral laboratory will be added to the client's bill. An invoice will be generated after all testing is completed. All submitted samples and sample data become property of PDRC.

SPECIMEN INFORMATION	BIRD HISTORY OR REASON FOR SUBMISSION								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Broiler</td> <td style="width: 25%;">Broiler Breeder</td> <td style="width: 25%;">Layer</td> <td style="width: 25%;">Layer Breeder</td> </tr> <tr> <td>Turkey Breeder</td> <td>Turkey Meat type</td> <td>Sentinel</td> <td>Other: _____</td> </tr> </table>	Broiler	Broiler Breeder	Layer	Layer Breeder	Turkey Breeder	Turkey Meat type	Sentinel	Other: _____	<p style="font-size: small; margin-top: 10px;"># Birds _____ <i>If submitting birds for necropsy, completing the remainder of the form is not required</i></p>
Broiler	Broiler Breeder	Layer	Layer Breeder						
Turkey Breeder	Turkey Meat type	Sentinel	Other: _____						
Breed: _____ X _____ Age: _____ wks _____ days									
From House: _____ # Houses on Farm: _____									
# Birds on Farm: _____ # Houses Affected: _____									

**The most common tests are listed below. Please refer to our Test Catalog for a complete list of tests offered.**

### CULTURE AND MOLECULAR DIAGNOSTICS

(Select test from Drop Down Menu, See Test Catalog for a complete list of tests)

Specimen Type	QTY	Virus Isolation	Virology (PCR)	Virology (Typing)	Mycoplasma (Culture/PCR)	Bacteriology (Culture/PCR)

Comments/Other Tests (Please Specify): \_\_\_\_\_

### HISTOPATHOLOGY

Tissues submitted: \_\_\_\_\_

Rule Out/Looking for: \_\_\_\_\_

### SEROLOGY

(Check each test needed, See Test Catalog for a complete list of tests)

Sera Sample QTY: \_\_\_\_\_

HIS					ELISAs						
IBV Mass 41	IBV Conn 46	IBV DMV 1639	MS	MM	FAV (Adeno)	AI	IBV	IBDV-XR	REO	MS	SE/ST
IBV Del 072	IBV Ark 99	NDV	MG		AE	CAV	IBDV	NDV	REV	MG	

Comments/Other Tests (Please Specify): \_\_\_\_\_

**PLEASE ATTACH A COPY OF THIS FORM WITH YOUR SUBMISSION**

Test Catalog and Permits can be found on our website: <https://vet.uga.edu/diagnostic-service-labs/pdrc-diagnostic-services/>