

INTERNATIONAL 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/>

LABORATORY USE ONLY	
PDRC ACCESSION#:	DATE RECEIVED:

Bill-To Person:	Grower Company:	
Bill-To Company:	Grower Complex:	Flock:
Bill-To Address:	Grower Farm:	
City: State: Zip:	City: State: Zip:	
Bill-To Country:	Grower Country:	
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
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.

MOLECULAR DIAGNOSTICS

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

Card ID:	Spot ID	Virology PCR	Virology Typing	Mycoplasma PCR	Bacteriology PCR
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">1</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">2</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">3</div> <div style="border: 1px solid gray; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 5px;">4</div> </div>	1				
	2				
	3				
	4				

Comments/Other Tests (Please Specify): _____

Test Spots Individually Test as 1 Pool Per Card Other (please specify): _____

HISTOPATHOLOGY

Tissues submitted: _____

Rule Out/Looking for: _____

SEROLOGY

(Check each test as 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): _____

DECLARATION LETTER IS ATTACHED

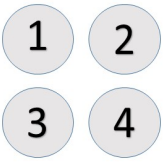
CORRECT PERMIT IS ATTACHED

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>

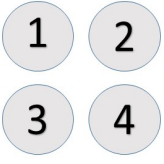
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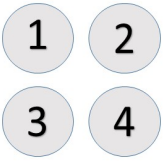
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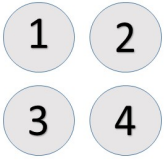
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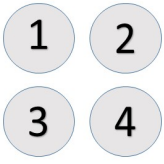
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