

# 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](mailto:pdrc@uga.edu)**

<https://vet.uga.edu/diagnostic-service-labs/pdrc-diagnostic-services/>

**LABORATORY USE ONLY**

**PDRC**

**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	
Broiler	Broiler Breeder	Layer	Layer Breeder		
Turkey Breeder	Turkey Meat type	Sentinel	Other: _____		
Breed: _____ X _____		Age: _____ wks    _____ days			
From House: _____		# Houses on Farm: _____		# Birds _____ <i>If submitting birds for necropsy, completing the remainder of the form is not required</i>	
# 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						
EDS	MG	MS	MM	FAV (Adeno)	AI	IBV	IBDV-XR	REO	MS	SE/ST
				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/>