



LABORATORY USE ONLY

CASE NO.
INITIALS

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POULTRY DIAGNOSTIC REQUEST FORM

DATE: _____

OWNER: _____

VETERINARIAN: _____

ADDRESS: _____

CLINIC: _____

CITY, STATE & ZIP: _____

ADDRESS: _____

SITE NAME: _____

CITY, STATE & ZIP: _____

ADDRESS: _____

PHONE: _____

CITY, STATE & ZIP: _____

EMAIL: _____

PREMISE ID: _____

SUBMISSION INFO:

GROWER COMPANY: _____ GROWER COMPLEX: _____

FLOCK: _____

SPECIMEN INFORMATION

CHICKENS

- ☐ BROILER
☐ BROILER BREEDER
☐ LAYER
☐ LAYER BREEDER

TURKEYS

- ☐ TURKEY BREEDER
☐ TURKEY MEAT TYPE
☐ OTHER: _____

BREED: _____ X _____

AGE: _____ WKS _____ DAYS _____

FROM HOUSE: _____ # HOUSES ON FARM: _____

BIRDS ON FARM: _____ # HOUSES AFFECTED: _____

BIRD HISTORY OR REASON FOR SUBMISSION

OF BIRDS _____

PLATE/SLANT/VIRAL ORIGIN: _____ DATE OF ISOLATION: _____ TISSUE ISOLATION: _____

TISSUES SUBMITTED

- ☐ HEAD/BRAIN ☐ HEART ☐ LUNG ☐ LIVER ☐ KIDNEY ☐ SPLEEN ☐ LYMPH NODE ☐ INTESTINE
☐ SERUM ☐ BLOOD ☐ FECES _____ SWABS ORIGIN _____ # OF SWABS
☐ OTHER _____

SAVE ISOLATES? ☐ YES ☐ NO

EXAMINATION REQUESTS

☐ LEAVE TO THE DISCRETION OF THE DIAGNOSTICIAN

GENERAL

- ☐ MALDI ID (BACTERIAL)
☐ AEROBIC CULTURE
☐ ANAEROBIC CULTURE
☐ HISTOLOGY (EXTRA CHARGE)
☐ ANTIBIOTIC SENSITIVITIES
☐ CAMPYLOBACTER CULTURE
☐ VIRUS ISOLATION: _____

ENTERIC

- ☐ FECAL EXAM
☐ SALMONELLA ENRICHMENT CULTURE

PCR

- ☐ AMPV TYPING
☐ ADENOVIRUS PCR
☐ IBV PCR
☐ REOVIRUS PCR

SEROLOGY

☐ REQUESTED TEST: _____

TYPE BY SEQUENCING

- ☐ PASTEURELLA
☐ SALMONELLA
☐ E. COLI
☐ AVIBACTERIUM TYPING

MOLECULAR ANALYSIS

- ☐ METAGENOMIC SEQUENCING
☐ WGS
☐ OTHER: _____

CLINICAL SIGNS:

- ☐ ENTERIC ☐ LAMENESS
☐ RESPIRATORY
☐ SUDDEN DEATH
☐ CNS OTHER: _____
☐ SUSPECTED ORGANISM: _____

ADDITIONAL HISTORY & CLINICAL SIGNS: