

**LABORATORY USE ONLY****CASE NO.
INITIALS**1527 PRAIRIE DRIVE | WORTHINGTON, MN 56187
507.372.3560 | 877.298.1321 | INFO@CAMBRIDGETECHNOLOGIES.COM**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

BREED: _____ X _____

AGE: _____ WKS _____ DAYS _____

FROM HOUSE: _____ # HOUSES ON FARM: _____

BIRDS ON FARM: _____ # HOUSES AFFECTED: _____

OF BIRDS _____

TURKEYS

- ☐
- TURKEY BREEDER
-
- ☐
- TURKEY MEAT TYPE

☐ OTHER: _____**BIRD HISTORY OR REASON FOR SUBMISSION****VACCINATION HISTORY****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: