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## MINNESOTA POULTRY TESTING LABORATORY

622 Business Hwy 71 NE | PO Box 126 | Willmar, MN 56201-0126

Phone: (320) 231-5170

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Prem ID Sticker

### Necropsy and Tissue Submission Form - Avian

#### Required for service:

List billable party: \_\_\_\_\_

#### Owner/Producer

Owner Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

#### Veterinarian

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Farm Name: \_\_\_\_\_

Farm Address: \_\_\_\_\_

Barn/House #: \_\_\_\_\_ Flock ID: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Source: \_\_\_\_\_ Delivered By: \_\_\_\_\_

#### Premises Identification

National Prem ID: \_\_\_\_\_ MAPP Code: \_\_\_\_\_

Send \*results via: ☐ Email:  
OR

☐ Fax:

Affiliate (list codes) \_\_\_\_\_

#### Specimen History

Specimen(s) \_\_\_\_\_

Animal name/ID \_\_\_\_\_

Species \_\_\_\_\_ Breed \_\_\_\_\_

Ident/color \_\_\_\_\_

Age \_\_\_\_\_ (Please circle: day wk mo yr)

Weight \_\_\_\_\_ Sex: ☐ M ☐ F

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_

Euthanized: ☐ Yes ☐ No How \_\_\_\_\_

Flock size \_\_\_\_\_ No. in affected group \_\_\_\_\_

Duration of problem in submitted animal(s) \_\_\_\_\_

Type of housing/environment \_\_\_\_\_

Vaccination \_\_\_\_\_

Purchased: ☐ Yes ☐ No

Date \_\_\_\_\_

No. sick \_\_\_\_\_ No. dead \_\_\_\_\_

Duration in Flock \_\_\_\_\_

Ration \_\_\_\_\_

Therapy \_\_\_\_\_

#### Laboratory Procedures Requested - please check boxes below

☐ **Necropsy/General Exam of Tissue** (includes bacteriology, EM, histopathology, molecular diagnostics, parasitology, serology, and virology, as determined by the pathologist to be part of the investigation; nutrition, toxicology and other out-sourced tests will be charged at cost; fees may apply to additional tests;).

☐ **Antibiotic Sensitivity Testing** - Additional charges will apply.

☐ **Turkey Reovirus PCR only**

☐ **Turkey Reovirus Isolation and PCR** - Additional charges will apply.

☐ **Astro/Rota PCR only**

☐ **Turkey Reovirus Isolation Only** - Additional charges will apply.

☐ **Other:** \_\_\_\_\_

☐ **Turkey fecal enteric virus panel** (Astro, Reo, Rota)

#### History/Clinical Signs/Clinical Diagnosis/Necropsy Findings/Additional Information or Requests

**Note:** The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

If applicable  
FAD Number: \_\_\_\_\_

**Narrative history/necropsy findings (continued)**

**Section below is for Laboratory use only.**

Specimen \_\_\_\_\_

☐ Fixed☐ Unfixed

Specimen condition: ☐ Live ☐ Good ☐ Fair ☐ Poor ☐ Unsuitable

Necropsy/Gross findings: