



Ministry of
Agriculture, Food
and Fisheries

ANIMAL HEALTH CENTRE

Ministry of Agriculture, Food and Fisheries
1767 Angus Campbell Road Abbotsford, BC V3G 2M3
604-556-3003 1-800-661-9903
Fax: 604-556-3010 Email: PAHB@gov.bc.ca

AAVLD Accredited Laboratory

For AHC use only

Case #/Coord: _____
Entered By: _____ Date: _____
Verified By: _____ Date: _____
Sent time: _____ PM: ___ SLAB: ___

Please fill out form as completely as possible to avoid testing delays

Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →)	Submitter and/or billing information:
Reports† To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →)	
Bill To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →) † Reports will be sent by email (or fax) to each of the parties indicated above. Preliminary reports will be sent to Vet Clinic unless otherwise specified.	
Client Reference Number:	Name
Insurance Claim? <input type="checkbox"/> Yes Possible Litigation? <input type="checkbox"/> Yes	Address
*Owner: Premise ID:	City: Postal Code:
Farm Name	Phone:
*Address:	Email (or Fax):
*City: *Postal Code:	Veterinarian:
*Phone:	Vet Clinic: :
Email (or Fax):	Address:
*Location of Birds: <input type="checkbox"/> Farm Address (as above) <input type="checkbox"/> Other Location (specify below):	City: Postal Code:
Address: City: Postal Code:	Phone:
Reason for Submission: <input type="checkbox"/> Diagnostic Investigation <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Surveillance <input type="checkbox"/> Special Project <input type="checkbox"/> Other (specify):	Email (or Fax):

History

Please concisely describe the circumstances surrounding the illness or death in the submitted animal(s).
(i.e. Describe clinical signs, date of onset, treatments given, etc.):

Disease or condition suspected: _____

Related previous case(s) Animal Health Centre number(s): _____

***Specimen(s) Submitted:**

Whole Bird(s):	Number Live: _____ Number Dead: _____	Date Collected: _____
Tissues (s):	Fresh Tissues: _____ Fixed Tissues: _____	Date Collected: _____
Other:	Whole Blood: _____ Serum: _____ Feces: _____ Swab: _____ Feed: _____ Other (specify): _____	Date Collected: _____

*** Please ensure all required information (in red) is completed. Samples with incomplete forms will not be tested.**

Bird Type	
<input type="checkbox"/> Chicken - Broiler	<input type="checkbox"/> Chicken – Broiler Breeder
<input type="checkbox"/> Turkey:	<input type="checkbox"/> Chicken - Layer
<input type="checkbox"/> Pigeon/squab	<input type="checkbox"/> Chicken – Layer Breeder
<input type="checkbox"/> Pet bird (specify): _____	
<input type="checkbox"/> Other bird type (specify): _____	
<i>For wild birds, please use the "Wildlife Submission Form (# FQM-012W)</i>	

Flock Information (please include as much information as possible if applicable)																
*Flock Size:			*Age: (d, w, m, y) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed male and female <input type="checkbox"/> Unknown													
N/A		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
<input type="checkbox"/>	*Number (or %) Dead:															
<input type="checkbox"/>	*Number (or %) Sick:															
<input type="checkbox"/>	*Egg Production (%)															
Vaccinated? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes (<i>details and contact</i>)																
Euthanized? <input type="checkbox"/> No <input type="checkbox"/> Yes-Specify Method: _____																
<input type="checkbox"/> *Flock size less than 100 birds																

***Services Requested:**

<input type="checkbox"/> Full Necropsy <i>or</i> <input type="checkbox"/> Specific Testing (if full necropsy not selected): Please indicate specific tests requested below	
<input type="checkbox"/> Include additional tests at pathologist’s discretion (<i>additional fees may apply</i>).	
Serology: <input type="checkbox"/> AE <input type="checkbox"/> AI <input type="checkbox"/> CAV <input type="checkbox"/> HE <input type="checkbox"/> IBD <input type="checkbox"/> IBV <input type="checkbox"/> ILT <input type="checkbox"/> MG <input type="checkbox"/> MM <input type="checkbox"/> MS <input type="checkbox"/> NDV <input type="checkbox"/> ORT <input type="checkbox"/> REO <input type="checkbox"/> Group 1 Avian Adenovirus <input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Parasitology	<input type="checkbox"/> Electron Microscopy
<input type="checkbox"/> Virology:	<input type="checkbox"/> Histopathology:
<input type="checkbox"/> Molecular Diagnostics (PCR):	<input type="checkbox"/> Bacteriology:

For a list of tests and fees, please visit <http://www.gov.bc.ca/animalhealthcentre>.

Specimens submitted become the property of the AHC and are cremated on site following testing. Ashes cannot be returned. Information related to food-producing animal testing may be used by the Ministry of Agriculture for the purpose of summarized statistical surveillance of production animal health in BC. Personal details will not be disclosed, in accordance with the Freedom of Information and Protection of Privacy Act. In the event of a suspected reportable, notifiable or foreign animal disease, the AHC is obligated to comply with the federal Health of Animals and the provincial Animal Disease Control Acts by confirming the diagnosis and notifying the appropriate agencies.

***Submitter’s Signature:** _____ ***Date:** _____

*** Please ensure all required information (in red) is completed. Samples with incomplete forms will not be tested.**