



Ministry of
Agriculture
and Food

ANIMAL HEALTH CENTRE
BC Ministry of Agriculture and Food
 1767 Angus Campbell Rd.
 Abbotsford BC, V3G 2M3

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 AAVLD—Accredited Laboratory
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 Fax: 604-556-3010
 Email: PAHB@gov.bc.ca

| | | | | | |
|-------------------------|----------------|-----------------|-----------------------------|------------------------------|----------------------------|
| FOR LAB USE ONLY | ENTERED: _____ | VERIFIED: _____ | SENT: _____ | | |
| | DATE: _____ | DATE: _____ | PM <input type="checkbox"/> | SER <input type="checkbox"/> | CASE #: _____ COORD: _____ |

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

| | | | | | | | | | | | | | | | | |
|---|---------------------|---|---|---|-------|--|-------|-------|-------|-------|--------|--------|--------|--------|--------|-------|
| CLIENT REFERENCE #: | | COLLECTED ON: (YYYY/MM/DD) | | SUBMITTED ON: (YYYY/MM/DD) | | | | | | | | | | | | |
| <input type="checkbox"/> Insurance Claim <input type="checkbox"/> Possible Litigation <input type="checkbox"/> Rehab/Rescue | | SUSPECT FAD/ZOONOTIC AGENT: | | | | | | | | | | | | | | |
| * SUBMITTED BY: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →) | | SUBMITTER AND/OR BILLING: | | ACCOUNT #: | | | | | | | | | | | | |
| * BILL TO: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →) | | NAME: | | | | | | | | | | | | | | |
| * REPORTS TO †: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →) | | ADDRESS: | | | | | | | | | | | | | | |
| † 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. | | CITY: | | PROVINCE: | | | | | | | | | | | | |
| ADDITIONAL REPORT EMAIL: | | POSTAL CODE: | | PHONE: | | | | | | | | | | | | |
| ADDITIONAL REPORT EMAIL: | | EMAIL / FAX: | | | | | | | | | | | | | | |
| * OWNER: | | PREMISE ID: | | VETERINARIAN: | | | | | | | | | | | | |
| FARM NAME: | | ACCOUNT #: | | | | | | | | | | | | | | |
| * ADDRESS: | | VET CLINIC: | | | | | | | | | | | | | | |
| * CITY: | | * PROVINCE: | | ADDRESS: | | | | | | | | | | | | |
| * POSTAL CODE: | | * PHONE: | | CITY: | | | | | | | | | | | | |
| EMAIL / FAX: | | POSTAL CODE: | | PROVINCE: | | | | | | | | | | | | |
| EMAIL / FAX: | | PHONE: | | EMAIL / FAX: | | | | | | | | | | | | |
| * PHYSICAL LOCATION OF ANIMALS: | | <input type="checkbox"/> OWNER/FARM ADDRESS (AS ABOVE) | | <input type="checkbox"/> OTHER LOCATION (SPECIFY BELOW) | | | | | | | | | | | | |
| ADDRESS: | | CITY: | | POSTAL CODE: | | | | | | | | | | | | |
| * SPECIES/TYPE OF BIRD: For wild bird species that are free-living, please use the Free-Living Wildlife Submission Form # FQM-012W | | | | | | | | | | | | | | | | |
| CHICKENS: <input type="checkbox"/> Broiler <input type="checkbox"/> Broiler Breeder <input type="checkbox"/> Layer <input type="checkbox"/> Layer Breeder <input type="checkbox"/> Layer Pullet <input type="checkbox"/> Breeder Pullet | | | | | | | | | | | | | | | | |
| OTHER: <input type="checkbox"/> Turkey <input type="checkbox"/> Turkey Breeder <input type="checkbox"/> Commercial Duck <input type="checkbox"/> Commercial Goose <input type="checkbox"/> Pigeon - Squab <input type="checkbox"/> Raptor | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Show/Exhibition (Specify Breed/Species): | | | <input type="checkbox"/> Pet (Specify Breed/Species): | | | | | | | | | | | | | |
| <input type="checkbox"/> Unknown/Other bird type (Specify Breed/Species): | | | | | | | | | | | | | | | | |
| * AGE: | | <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/> Y | | SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed Male and Female <input type="checkbox"/> Unknown * FLOCK SIZE: | | | | | | | | | | | | |
| * MORTALITY/MORBIDITY CHART (number entry only): | | DATE OF ONSET (YYYY/MM/DD): | | | | (DAY 1 = DATE OF ONSET) | | | | | | | | | | |
| N/A | Mortality/Morbidity | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 | Day 11 | Day 12 | Day 13 | Day 14 | TOTAL |
| <input type="checkbox"/> | * # (or %) Dead: | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | * # (or %) Sick: | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | * # Egg Prod. %: | | | | | | | | | | | | | | | |
| * EUTHANIZED: | | <input type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES – SPECIFY METHOD: | | DATE ANIMAL DIED: (YYYY/MM/DD) | | | | | | | | | | | | |
| TREATMENTS: | | <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Antibiotics <input type="checkbox"/> Fluids <input type="checkbox"/> Anti-inflammatories <input type="checkbox"/> Other (Please specify in History section) | | | | | | | | | | | | | | |
| VACCINATION STATUS: | | <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Vaccinated (Specify): | | | | | | | | | | | | | | |
| REASON FOR SUBMISSION: | | <input type="checkbox"/> Diagnostic Investigation | | <input type="checkbox"/> Monitoring/Surveillance | | <input type="checkbox"/> Certify/Export/Pre-transfer | | | | | | | | | | |
| <input type="checkbox"/> Research/Special Project (if different than Ref.#): | | <input type="checkbox"/> Other (Specify): | | | | | | | | | | | | | | |
| PRIMARY PROBLEM (select one): | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mortality <input type="checkbox"/> General Illness <input type="checkbox"/> Emaciation <input type="checkbox"/> Decreased Feed Intake <input type="checkbox"/> Dehydration <input type="checkbox"/> Gastroenteric/Diarrhea | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lameness <input type="checkbox"/> Neurologic <input type="checkbox"/> Drop in Egg Production <input type="checkbox"/> Reproduction <input type="checkbox"/> Other (Please specify in History section) | | | | | | | | | | | | | | | | |
| SAMPLE SOURCE (select one): | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Multi-individual <input type="checkbox"/> Pooled <input type="checkbox"/> Environmental (Submit on Environmental Avian Form FQM-012E) <input type="checkbox"/> Other | | | | | | | | | | | | | | | | |
| HISTORY: Describe clinical signs, date of onset, housing, production level, treatments given, ration type/diet, etc. Please ensure any written testing requests are at the top of this field. | | | | | | | | | | | | | | | | |
| CONDITION SUSPECTED: | | RELATED PREVIOUS AHC CASE #(s): | | | | | | | | | | | | | | |

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

HISTORY (Continued):

*** SPECIMENS SUBMITTED AND SERVICES REQUESTED**

For 10 or more samples email a digital spreadsheet to: PAHB@gov.bc.ca

- Full Necropsy** Includes up to 5 ancillary tests as deemed appropriate by the pathologist
- Diagnostic Package** On tissues collected outside of the AHC, includes up to 5 ancillary tests as deemed appropriate by the pathologist
- Private Cremation Requested** Subject to pathologist approval, remains may be released to a licensed crematorium (additional fees apply)
Requires completion of form FPM-040 at time of submission: <https://www2.gov.bc.ca/assets/download/AEE6E3589C1D461386CA34D985FFFEC0>
- Include additional tests at pathologist's discretion** (additional fees may apply)

| Serology | Bacteriology | * Samples | * Sent # | Received # <small>Lab Use Only</small> |
|--|--|---|---------------------------------------|---|
| <input type="checkbox"/> AAG1 – Avian Adenovirus Group 1 <i>AGID</i> | <input type="checkbox"/> Aerobic culture and sensitivity | Whole Avian (live) | | |
| <input type="checkbox"/> AE – Avian Encephalomyelitis <i>ELISA</i> | <input type="checkbox"/> Aerobic culture only | Whole Avian (dead) | | |
| <input type="checkbox"/> AI-agid – Avian Influenza <i>AGID</i> | <input type="checkbox"/> Anaerobic culture only | Fixed Tissues | | |
| <input type="checkbox"/> AI – Avian Influenza <i>ELISA</i> | <input type="checkbox"/> Salmonella culture | Fresh Tissues | | |
| <input type="checkbox"/> AMPV – Avian Metapneumovirus <i>ELISA</i> | <input type="checkbox"/> Fungal culture only | Whole Blood | | |
| <input type="checkbox"/> REO – Avian Reovirus <i>ELISA</i> | <input type="checkbox"/> Campylobacter spp. culture | Serum | | |
| <input type="checkbox"/> CAV – Chicken Anemia Virus <i>ELISA</i> | <input type="checkbox"/> Other Bacti: | Feces | | |
| <input type="checkbox"/> HE – Hemorrhagic Enteritis Virus <i>ELISA</i> | Parasitology | Eggs | | |
| <input type="checkbox"/> IBV – Infectious Bronchitis Virus <i>ELISA</i> | <input type="checkbox"/> Fecal Floatation | Viral Media Swab | | |
| <input type="checkbox"/> IBD – Infectious Bursal Disease <i>ELISA</i> | Histopathology | Bacti Media Swab | | |
| <input type="checkbox"/> ILT – Infectious Laryngeal Tracheitis <i>ELISA</i> | <input type="checkbox"/> Histopathology | Dry Swab | | |
| <input type="checkbox"/> MG/MS – MG/MS Combo <i>ELISA</i> | <input type="checkbox"/> IHC: | Other (<i>list below</i>): | | |
| <input type="checkbox"/> MG – Mycoplasma gallisepticum <i>ELISA</i> | <input type="checkbox"/> Other Histo: | | | |
| <input type="checkbox"/> MG-hi – Mycoplasma gallisepticum <i>HI</i> | Virology: (for full list of available isolation tests see fee guide) | Check off tissue types below | | |
| <input type="checkbox"/> MS – Mycoplasma synoviae <i>ELISA</i> | <input type="checkbox"/> Virus Isolation for: | Fresh | Formalized | |
| <input type="checkbox"/> MS-hi – Mycoplasma synoviae <i>HI</i> | <input type="checkbox"/> Electron Microscopy for: | <input type="checkbox"/> Brain | <input type="checkbox"/> Brain | |
| <input type="checkbox"/> NDV – Newcastle Disease Virus <i>ELISA</i> | <input type="checkbox"/> Other Viro: | <input type="checkbox"/> Heart | <input type="checkbox"/> Heart | |
| <input type="checkbox"/> NDV-hi – Newcastle Disease Virus <i>HI</i> | | <input type="checkbox"/> Lung | <input type="checkbox"/> Lung | |
| <input type="checkbox"/> Other Sero: | | <input type="checkbox"/> Liver | <input type="checkbox"/> Liver | |
| Molecular Diagnostics (PCR) | | <input type="checkbox"/> Kidney | <input type="checkbox"/> Kidney | |
| <input type="checkbox"/> AE – Avian Encephalomyelitis Virus | <input type="checkbox"/> APG – Infectious Coryza (<i>Avibacterium paragallinarum</i>) | <input type="checkbox"/> Spleen | <input type="checkbox"/> Spleen | |
| <input type="checkbox"/> AvHe – Avian Hemorrhagic Enteritis Virus | <input type="checkbox"/> ATB – Mycobacterium avium | <input type="checkbox"/> Stomach | <input type="checkbox"/> Stomach | |
| <input type="checkbox"/> IBV – Avian Infectious Bronchitis Virus | <input type="checkbox"/> UMB – Mycobacterium Consensus | <input type="checkbox"/> Intestine | <input type="checkbox"/> Intestine | |
| <input type="checkbox"/> ILT – Avian Infectious Laryngotracheitis Virus | <input type="checkbox"/> MG – Mycoplasma gallisepticum | <input type="checkbox"/> Tendon/Joint | <input type="checkbox"/> Tendon/Joint | |
| <input type="checkbox"/> AIV – Avian Influenza Virus | <input type="checkbox"/> MS – Mycoplasma synoviae | <input type="checkbox"/> Yolk Sac | <input type="checkbox"/> Yolk Sac | |
| <input type="checkbox"/> aMPV – Avian Metapneumovirus | <input type="checkbox"/> MM – Mycoplasma meleagridis | <input type="checkbox"/> Ovary | <input type="checkbox"/> Ovary | |
| <input type="checkbox"/> ANV – Avian Nephritis Virus | <input type="checkbox"/> NDV – Newcastle Disease Virus (<i>Avian Paramyxovirus 1</i>) | <input type="checkbox"/> Bursa | <input type="checkbox"/> Bursa | |
| <input type="checkbox"/> APV – Avian Polyomavirus Virus | <input type="checkbox"/> ORT – Ornithobacterium rhinotracheale | <input type="checkbox"/> Trachea | <input type="checkbox"/> Trachea | |
| <input type="checkbox"/> REO – Avian Reovirus | <input type="checkbox"/> PDD – Proventricular Dilatation Disease | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | |
| <input type="checkbox"/> POX – Avian Poxvirus | <input type="checkbox"/> PBFD – Psittacine Beak & Feather Disease | Please view our full list of tests available in our fee guide at www.gov.bc.ca/animalhealthcentre If you have questions regarding testing or type of samples to submit, please call 604-556-3003 or email PAHB@gov.bc.ca | | |
| <input type="checkbox"/> BA – Bordetella avium | <input type="checkbox"/> PHV – Psittacine Herpesvirus (<i>Pacheco's Disease</i>) | | | |
| <input type="checkbox"/> CHL – Chlamydomphila psittaci | <input type="checkbox"/> TCV – Turkey Coronavirus | | | |
| <input type="checkbox"/> IBD – Infectious Bursal Disease Virus | <input type="checkbox"/> TYZ – Tyzzer's Disease (<i>Clostridium piliforme</i>) | | | |
| <input type="checkbox"/> IBH – Inclusion Body Hepatitis (<i>Avian Adenovirus</i>) | <input type="checkbox"/> WNV – West Nile Virus | | | |
| <input type="checkbox"/> Other PCR: | | | | |

*** IMPORTANT PLEASE READ:** By signing this form, the submitter acknowledges and agrees: 1) Specimens submitted are cremated on site following testing and ashes will not be returned. 2) Personal information supplied by the submitter is collected by His Majesty The King in right of B.C. as represented by the Minister of Agriculture and Food (AF) under s. 26(c) of the Freedom of Information and Protection of Privacy Act, for completing the requested testing and analysis. Such personal information will be used and disclosed only in accordance with that Act and the Animal Health Act. The submitter can direct any questions on personal information to PAHB@gov.bc.ca. 3) AF may use information related to food-producing animal testing for the summarized statistical surveillance of production animal health in B.C. 4) In the event of a suspected reportable, notifiable or foreign animal disease, the AHC must comply with relevant laws by confirming the diagnosis and notifying the appropriate agencies. 5) The AHC may send the specimen submitted to an external third-party laboratory for required testing at the discretion of the Case Coordinator, unless otherwise directed by the client.

*Submitter's Signature: _____ Date: (YYYY/MM/DD) _____