AVIAN SUBMISSION FORM

BRITISH COLUMBIA Ministry of Agriculture and Food

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

www.gov.bc.ca/animalhealthcentre
AAVLD—Accredited Laboratory
604-556-3003 1-800-661-9903
Fax: 604-556-3010
Email: PAHB@gov.bc.ca

FOR LAB USE ONLY ENTERED: _____ DATE: VERIFIED: _____ DATE: SENT: _____ PM ☐ SER ☐ 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)

☐ Insurance Claim ☐ Possible Litigation ☐ Rehab/Rescue

SUSPECT FAD/ZOONOTIC AGENT:

* SUBMITTED BY: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)

* BILL TO: ☐ Owner ☐ Vet Clinic ☐ Other (Fill out info →)

* REPORTS TO †: ☐ Owner ☐ Vet Clinic ☐ 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.

ADDITIONAL REPORT EMAIL:	
ADDITIONAL REPORT EMAIL:	
*** OWNER:**	PREMISE ID:
FARM NAME:	
* ADDRESS:	
* CITY:	* PROVINCE:
* POSTAL CODE:	* PHONE:
EMAIL / FAX:	

SUBMITTER AND/OR BILLING:	ACCOUNT #:
NAME:	
ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	PHONE:
EMAIL / FAX:	
VETERINARIAN:	ACCOUNT #:
VET CLINIC:	
ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	PHONE:
EMAIL / FAX:	

*** PHYSICAL LOCATION OF ANIMALS:** ☐ OWNER/FARM ADDRESS (AS ABOVE) ☐ 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: ☐ Broiler ☐ Broiler Breeder ☐ Layer ☐ Layer Breeder ☐ Layer Pullet ☐ Breeder Pullet

OTHER: ☐ Turkey ☐ Turkey Breeder ☐ Commercial Duck ☐ Commercial Goose ☐ Pigeon - Squab ☐ Raptor

☐ Show/Exhibition *(Specify Breed/Species)*: ☐ Pet *(Specify Breed/Species)*:

☐ Unknown/Other bird type *(Specify Breed/Species)*:

*** AGE:** ☐ D ☐ W ☐ M ☐ Y **SEX:** ☐ Male ☐ Female ☐ Mixed Male and Female ☐ 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
☐	* # (or %) Dead:															
☐	* # (or %) Sick:															
☐	* # Egg Prod. %:															

*** EUTHANIZED:** ☐ N/A ☐ NO ☐ YES – SPECIFY METHOD: **DATE ANIMAL DIED:** (YYYY/MM/DD)

TREATMENTS: ☐ Unknown ☐ None ☐ Antibiotics ☐ Fluids ☐ Anti-inflammatories ☐ Other ***(Please specify in History section)***

VACCINATION STATUS: ☐ Unknown ☐ None ☐ Vaccinated *(Specify)*:

REASON FOR SUBMISSION: ☐ Diagnostic Investigation ☐ Monitoring/Surveillance ☐ Certify/Export/Pre-transfer

☐ Research/Special Project *(if different than Ref.#)*: ☐ Other *(Specify)*:

PRIMARY PROBLEM *(select one)*:

☐ Mortality ☐ General Illness ☐ Emaciation ☐ Decreased Feed Intake ☐ Dehydration ☐ Gastroenteric/Diarrhea

☐ Lameness ☐ Neurologic ☐ Drop in Egg Production ☐ Reproduction ☐ Other ***(Please specify in History section)***

SAMPLE SOURCE *(select one)*:

☐ Individual ☐ Multi-individual ☐ Pooled ☐ Environmental ***(Submit on Environmental Avian Form FQM-012E)*** ☐ 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** *For whole animals, includes up to five ancillary tests as selected at the discretion of the duty pathologist*
- ☐ **Diagnostic Package** *For tissues collected outside of the AHC, includes up to five ancillary tests that will be selected at the discretion of the duty 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

- ☐ **AG1** – Avian Adenovirus Group 1 *AGID*
- ☐ **AE** – Avian Encephalomyelitis *ELISA*
- ☐ **AI-agid** – Avian In fluenza *AGID*
- ☐ **AI** – Avian In fluenza *ELISA*
- ☐ **REO** – Avian Reovirus *ELISA*
- ☐ **CAV** – Chicken Anemia Virus *ELISA*
- ☐ **HE** – Hemorrhagic Enteritis Virus (chickens only) *ELISA*
- ☐ **IBV** – Infectious Bronchitis Virus *ELISA*
- ☐ **IBD** – Infectious Bursal Disease *ELISA*
- ☐ **ILT** – Infectious Laryngeal Tracheitis *ELISA*
- ☐ **MG** – Mycoplasma gallisepticum *ELISA*
- ☐ **MG-hi** – Mycoplasma gallisepticum *HI*
- ☐ **MS** – Mycoplasma synoviae *ELISA*
- ☐ **MS-hi** – Mycoplasma synoviae *HI*
- ☐ **NDV** – Newcastle Disease Virus (chickens only) *ELISA*
- ☐ **NDV-hi** – Newcastle Disease Virus (chickens only) *HI*
- ☐ Other Sero:

Bacteriology

- ☐ Aerobic culture and sensitivity
- ☐ Aerobic culture only
- ☐ Anaerobic culture only
- ☐ Salmonella culture
- ☐ Fungal culture only
- ☐ Campylobacter spp. culture
- ☐ Other Bacti:

Parasitology

- ☐ Fecal Floatation

Histopathology

- ☐ Histopathology
- ☐ IHC:
- ☐ Other Histo:

Virology: *(for full list of available isolation tests see fee guide)*

- ☐ Virus Isolation for:
- ☐ Electron Microscopy for:
- ☐ Other Viro:

* Samples	* Sent #	Received # Lab Use Only
Whole Avian (live)		
Whole Avian (dead)		
Fixed Tissues		
Fresh Tissues		
Whole Blood		
Serum		
Feces		
Eggs		
Viral Media Swab		
Bacti Media Swab		
Dry Swab		
Other *(list below)*:		

Check off tissue types below

Fresh	Formalized
☐ Brain	☐ Brain
☐ Heart	☐ Heart
☐ Lung	☐ Lung
☐ Liver	☐ Liver
☐ Kidney	☐ Kidney
☐ Spleen	☐ Spleen
☐ Stomach	☐ Stomach
☐ Intestine	☐ Intestine
☐ Tendon/Joint	☐ Tendon/Joint
☐ Yolk Sac	☐ Yolk Sac
☐ Ovary	☐ Ovary
☐ Bursa	☐ Bursa
☐ Trachea	☐ Trachea
☐ Other:	☐ Other:

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

Molecular Diagnostics (PCR)

- ☐ **AE** – Avian Encephalomyelitis Virus
- ☐ **AvHe** – Avian Hemorrhagic Enteritis Virus
- ☐ **IBV** – Avian Infectious Bronchitis Virus
- ☐ **ILT** – Avian Infectious Laryngotracheitis Virus
- ☐ **AIV** – Avian Influenza Virus
- ☐ **aMPV** – Avian Metapneumovirus
- ☐ **ANV** – Avian Nephritis Virus
- ☐ **APV** – Avian Polyomavirus Virus
- ☐ **REO** – Avian Reovirus
- ☐ **POX** – Avian Poxvirus
- ☐ **BA –** Bordetella avium
- ☐ **CHL** – Chlamydophila psittaci
- ☐ **IBD** – Infectious Bursal Disease Virus
- ☐ **IBH** – Inclusion Body Hepatitis *(Avian Adenovirus)*
- ☐ Other PCR:
- ☐ **APG** – Infectious Coryza *(Avibacterium paragallinarum)*
- ☐ **ATB** – Mycobacterium avium
- ☐ **UMB** – Mycobacterium Consensus
- ☐ **MG** – Mycoplasma gallisepticum
- ☐ **MS** – Mycoplasma synoviae
- ☐ **MM** – Mycoplasma meleagridis
- ☐ **NDV** – Newcastle Disease Virus *(Avian Paramyxovirus 1)*
- ☐ **ORT** – Ornithobacterium rhinotracheale
- ☐ **PDD** – Proventricular Dilatation Disease
- ☐ **PBFD** – Psittacine Beak & Feather Disease
- ☐ **PHV** – Psittacine Herpesvirus *(Pacheco's Disease)*
- ☐ **TCV** – Turkey Coronavirus
- ☐ **TYZ** – Tyzzer's Disease *(Clostridium piliforme)*
- ☐ **WNV** – West Nile Virus

* 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)_____