Pennsylvania Animal Diagnostic Laboratory System Avian Necropsy Submission Form

Accession No.	_____
Data Entry	_____
Case Coordinator	_____
Date Submitted	_____

FOR LAB USE ONLY

Pennsylvania State University
Animal Diagnostic Laboratory
131 Pastureview Rd University
Park, PA 16802
(814) 863-0837
ADLSubmissions@psu.edu

University of Pennsylvania
New Bolton Center
382 West Street Rd Kennett
Square, PA 19348
(610) 925-6710

Pennsylvania Department of Agriculture
Pennsylvania Veterinary Laboratory
2305 North Cameron Street Harrisburg,
PA 17110-9408
(717) 787-8808
PVLSubmit@pa.gov

Owner/Company: _____
Address:_____
_____
_____
Email: _____
Phone: _____
☐Report ☐Bill to

Vet/Field Agent: _____
Business: _____
Address: _____
_____
Email: _____
Phone: _____
☐Report ☐Bill to

Submitter/Service Person:_____
Business: _____
Address: _____
_____
_____
Email: _____
Phone: _____
☐Report ☐Bill to

Other: _____
Business: _____
Address: _____
_____
_____
Email: _____
Phone: _____
☐Report ☐Bill to

Animal/Premises Information:
Age: _____
Species: _____
Breed: _____ Sex: _____

☐ Live ☐ Dead ☐ Euthanized (method)_____

Date of Death_____

Production Type: _____

Farm Name:_____

Federal/State Premises ID #:_____

Premises Address:_____

_____

Flock ID/House #/Animal ID:_____

COLLECTION DATE: _____

Specimens Submitted:	#Submitted
Animal(s)	_____
Eggs/Egg Pools	_____
Environmental	_____
Feces	_____
Feed	_____
Serum/Clotted blood	_____
Tissue, Fixed	_____
Tissue, Fresh	_____
Referral Plate	_____
Swab(s) (source)	_____
Other	_____

HISTORY

No. in affected flock: _____ Date of onset of flock problem: _____

No. of flocks on farm: _____ Total number of birds on farm: _____

Reason for submission (mortality, growth issues, production, clinical signs):

Vaccination/medication history (attach records if available):

Accession # _____

Gross Necropsy Findings