

Revision Date: 27 March 2009

**POULTRY ACCESSION**

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<b>DIAGNOSTIC</b>  <b>SURVEILLANCE</b>  (Circle One)
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P.O. Box 2000, 715 North Drive  
Hopkinsville, KY 42240  
270-886-3959 phone  
270-886-4295 fax

Case # _____  Date _____ (Lab use only)
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**GROWER:** \_\_\_\_\_

COMPANY: \_\_\_\_\_ REPORT TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**COMPANY VET:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**SPECIMEN TYPE (circle one):** BIRDS SWABS SERUM ENVIRONMENTAL

**QUANTITY:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ Day/Week **SEX:** Female / Male

**BIRD CATEGORY (circle one):**

BROILER BROILER BREEDER BROILER BREEDER PULLET LAYER

TESTS REQUESTED:	FEMALES				MALES			
	HS 1	HS 2	HS 3	HS 4	HS 1	HS 2	HS 3	HS 4
<i>Check the box and give the # to test</i>								
<input type="checkbox"/> MG (Mycoplasma gallisepticum)	#	#	#	#	#	#	#	#
<input type="checkbox"/> MS (Mycoplasma synoviae)	#	#	#	#	#	#	#	#
<input type="checkbox"/> AI (Avian Influenza)	#	#	#	#	#	#	#	#
<input type="checkbox"/> Pullorum/Typhoid (Sal. Pullorum)	#	#	#	#	#	#	#	#
<input type="checkbox"/> Other _____	#	#	#	#	#	#	#	#

FLOCK # \_\_\_\_\_ HOUSE # \_\_\_\_\_ HATCHER # \_\_\_\_\_

**HISTORY** \_\_\_\_\_

% Birds sink \_\_\_\_\_ %Birds dead \_\_\_\_\_ Duration of illness \_\_\_\_\_

Daily mortality \_\_\_\_\_ Weekly mortality \_\_\_\_\_