



# POULTRY ACCESSION

DIAGNOSTIC  
SURVEILLANCE  
(Circle One)

## MSU – BREATHITT VETERINARY CENTER

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Web: <http://breathitt.murraystate.edu>

Case # \_\_\_\_\_  
Date \_\_\_\_\_  
(Lab use only)

**GROWER:** \_\_\_\_\_  
**COMPANY:** \_\_\_\_\_ **REPORT TO:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**COMPANY VET:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

**SPECIMEN TYPE:**      **Animal**                                      **Non-Animal**  
 (circle one) BIRDS      SWABS      SERUM      ENVIRONMENTAL      WATER      FEED

**LOCATION:** FLOCK # \_\_\_\_\_ HOUSE # \_\_\_\_\_ HATCHER # \_\_\_\_\_

**ENVIRONMENTAL SAMPLES:** Fluff Fan Boots Sills Egg Belt Nest Slats Litter

**BIRD CATEGORY (circle one):** BROILER BREEDER PULLET LAYER TURKEY

**QUANTITY:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ Day/Week **SEX:** F / M **DATE COLLECTED:** \_\_\_\_\_

<b>SEROLOGY TESTS REQUESTED:</b> <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"/> Other _____	<b>FEMALES</b>					<b>MALES</b>				
	<b>HS 1</b>	<b>HS 2</b>	<b>HS 3</b>	<b>HS 4</b>	<b>HS 5</b>	<b>HS 1</b>	<b>HS 2</b>	<b>HS 3</b>	<b>HS 4</b>	<b>HS 5</b>
	#	#	#	#	#	#	#	#	#	#
	#	#	#	#	#	#	#	#	#	#
	#	#	#	#	#	#	#	#	#	#
<b>ENVIRONMENTAL TESTS:</b> <input type="checkbox"/> Salmonella <input type="checkbox"/> Other: _____					<b>WATER TESTS:</b> <input type="checkbox"/> pH <input type="checkbox"/> Fecal Coliforms <input type="checkbox"/> Extended Tox Panel <input type="checkbox"/> Basic Tox Panel					
<b>MOLECULAR TESTS:</b> <input type="checkbox"/> MG <input type="checkbox"/> MS <input type="checkbox"/> IAV <input type="checkbox"/> Other _____    # of Tubes _____ <input type="checkbox"/> Pool for IAV										

**HISTORY** \_\_\_\_\_  
 % Birds sick \_\_\_\_\_ %Birds dead \_\_\_\_\_ Duration of illness \_\_\_\_\_  
 Daily mortality \_\_\_\_\_ Weekly mortality \_\_\_\_\_