



**Alberta**  
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 237 Arnold St. Unit 4  
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**British Columbia**  
 32475 Huntingdon Road  
 Abbotsford, BC V2T 5Y9

**RETAINER CLIENT**  
**DIAGNOSTIC SUBMISSION FORM**

<b>LAB USE ONLY</b>	<b>CASE #:</b>
<b>DATE RECEIVED:</b>	<b>WAY BILL #:</b>

**\*Retainer Client Name:**

Farm & Owner Name:	<b>Bill To (check box below)</b>
Address:	<input type="checkbox"/> <b>Retainer Client</b>
City: Postal Code:	<input type="checkbox"/> <b>Farm</b>
Phone: Cell:	Submitter's Purchase Order #:
E-mail: Fax:	

**DO ALL REQUIRED TESTING FOR A COMPLETE DIAGNOSIS**  
 **CONTACT ME FOR ALL TESTING COSTS ABOVE THE POST MORTEM CHARGE**

**\*Declaration of Agent**  
 I, (name) \_\_\_\_\_ of (company/farm) \_\_\_\_\_ am acting as agent for the above stated retainer client of Poultry Health Services Ltd. ("Client"). I am expressly stating that I have full authorization and authority to disclose any information required concerning the Client, and subsequently, to consent and authorize Poultry Health Services Ltd. to further disclose any information required pursuant to Federal or Provincial Legislation. To the extent not paid by the Client, I also agree to pay all charges for the case and am responsible for understanding the charges associated with each requested test.

Agent E-mail:	Agent Phone (Office):
Agent Fax:	Agent Cell:

TYPE OF BIRD								FLOCK INFORMATION							
<input type="checkbox"/> BROILER BREEDER								Barn: _____ # of birds: _____	<b>*RWA FLOCK</b> <input type="checkbox"/> Yes <input type="checkbox"/> No						
<input type="checkbox"/> BROILER								Barn: _____ # of birds: _____							
<input type="checkbox"/> LEGHORN BREEDER								Barn: _____ # of birds: _____							
<input type="checkbox"/> LEGHORN PULLET								<b>*Flock ID Number:</b> _____	<b>*Flock Size:</b> _____						
<input type="checkbox"/> LEGHORN LAYER								<b>Age:</b> ____ <input type="checkbox"/> days <input type="checkbox"/> weeks <input type="checkbox"/> years							
<input type="checkbox"/> TURKEY BREEDER								Placement Date: _____							
<input type="checkbox"/> TURKEY MEAT															
<input type="checkbox"/> OTHER _____															

Mortality Details	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
# of dead															
# of culls															

**BIRDS SUBMITTED**

Live: \_\_\_\_\_ (All live birds must be received directly by a technician)    Dead: \_\_\_\_\_    Total: \_\_\_\_\_

**MORTALITY TO DATE**

% \_\_\_\_\_ # \_\_\_\_\_ % of Affected Birds: \_\_\_\_\_

**ADDITIONAL FLOCK INFORMATION**

Water Source: \_\_\_\_\_ Feed Supplier: \_\_\_\_\_

Treatments Given: \_\_\_\_\_



**SEROLOGY SUBMISSION** # of samples \_\_\_\_\_ Date taken \_\_\_\_\_

TYPE OF TESTS REQUESTED			SERVICE TYPE REQUESTED
<input type="checkbox"/> IBD-XR	<input type="checkbox"/> HE	<input type="checkbox"/> NEWCASTLE	<input type="checkbox"/> <b>Regular Service</b> – Results in 10 business days (plus shipping time) <input type="checkbox"/> <b>Rush Service</b> – Results in 5 business days (plus shipping time) <b>\$200 additional fee</b> <input type="checkbox"/> <b>Urgent Service</b> – Results in 2 business days (plus shipping time) <b>\$500 additional fee</b>
<input type="checkbox"/> AE	<input type="checkbox"/> ORT	<input type="checkbox"/> Bordetella avium	
<input type="checkbox"/> MG / MS	<input type="checkbox"/> IBD+	<input type="checkbox"/> MM	
<input type="checkbox"/> AI	<input type="checkbox"/> IBV	<input type="checkbox"/> S. Enteritidis	
<input type="checkbox"/> CAV	<input type="checkbox"/> REO	<input type="checkbox"/> _____	

**FECAL SUBMISSION** o Routine Fecal Flotation o Oocyst Per Gram

Service Requested		Flock Age	Sample Date	Barn #	RFF: Was this flock treated for worms?	OPG: Feed Medication Program
<input type="checkbox"/> <b>Regular Service</b> Results in 10 business days (plus ship time) <input type="checkbox"/> <b>Rush Service</b> Available upon request <b>\$100 additional fee</b>	Sample 1				<input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ Dose/Product: _____	Feed Medication: _____
	Sample 2				<input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ Dose/Product: _____	Feed Medication: _____
	Sample 3				<input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ Dose/Product: _____	Feed Medication: _____

**FEED SUBMISSION** # of samples \_\_\_\_\_ o Hold o Test \_\_\_\_\_

**LITTER SUBMISSION** # of samples \_\_\_\_\_ o Hold o Test \_\_\_\_\_

**WATER SUBMISSION** # of samples \_\_\_\_\_ o Hold o Test \_\_\_\_\_ (Time sensitive, courier charges will apply)

**HISTORY & DETAILS OF PROBLEM:** (Include management changes; treatment given - specify what and for how long. What other problems have occurred with this or previous flocks? Describe problems, including egg production or shell quality issues. What questions would you like answered?)

**ADDITIONAL COMMENTS:** (will not appear on the submission report)

**\*SEND RESULTS:**  Owner  Submitter  Hatchery  Processor  Other

**Consent to Disclosure**

If it appears, in the sole and absolute discretion of Poultry Health Services Ltd., that the birds submitted are suffering or may be suffering from a provincially or federally notifiable or reportable disease, or in the event that the birds submitted may be suffering from a disease that Poultry Health Services Ltd., in its sole and absolute discretion, deems should be reported, I agree that in addition to any disclosure required under federal or provincial legislation, Poultry Health Services Ltd. can notify immediately the appropriate Egg or Poultry Marketing Board in order to ensure that an effective Emergency Response Plan is executed, and in doing so, Poultry Health Services Ltd. can disclose to the appropriate Board with any and all information required to effectively execute the Emergency Response Plan.

Disclaimer: Please note that any samples collected by the veterinarian, or additional samples submitted with birds (such as feed, water, feces etc.) if not tested, will be held until this case is closed, unless stated otherwise. After this time, unless specifically requested in writing, the held samples will be destroyed. Additional fee (\$10/sample) will apply for samples requested to be stored beyond this time.

**\*Submitter's Signature:** \_\_\_\_\_

**Date Received (lab use):** \_\_\_\_\_

**\*Date:** \_\_\_\_\_

**Way Bill #:** \_\_\_\_\_