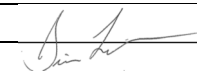


University of Delaware Poultry Health System	
Document Title: Non-Commercial Poultry/ Non-Commercial Avian Accession Form	
Author: Lisa Collins / LL Support Staff	Document Number: UDPD064-UDPHS-3
Page 1 of 2	Supersedes: UDPD064-UDPHS-2
Effective Date: 2/15/2020	Approved: 2/13/2020 

Univ. of DE/ Lasher Lab 16483 County Seat Hwy Georgetown, DE 19947 Phone: 302-856-7303 Fax: 302-856-1994	Univ. of DE/ Allen Lab 601 Sincock Lane Newark, DE 19716 Phone: 302-831-2524 Fax: 302-831-2822	LAB ACCESSION # _____ DATE DELIVERED: _____ TIME DELIVERED: _____
Delivered By:	Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Other:	Federal Premise ID:
Grower Name:	Email Address/ FAX # For Reporting:	
Street Address (Where Bird Lives/Found):	City:	State:
	Zip Code:	County: Phone:
Reason for testing request: <input type="checkbox"/> General Diagnostics/Illness/Death <input type="checkbox"/> Movement <input type="checkbox"/> NPIP <input type="checkbox"/> Exhibition/show <input type="checkbox"/> Auction <input type="checkbox"/> Random BYF <input type="checkbox"/> FAD Surveillance <input type="checkbox"/> FAD Investigation <input type="checkbox"/> Other:		Production Class: <input type="checkbox"/> Unknown <input type="checkbox"/> Companion <input type="checkbox"/> Human Consumption <input type="checkbox"/> Other:
Collection Location: <input type="checkbox"/> Farm <input type="checkbox"/> Laboratory <input type="checkbox"/> Market <input type="checkbox"/> Other:		Number of birds in Flock:
Age:	Sample Collection Date:	Type of Bird:
Number Alive:	Number Dead: Date of Death:	Send Invoice to: <input type="checkbox"/> Owner <input type="checkbox"/> DDA <input type="checkbox"/> Other:

<input type="checkbox"/> Died <input type="checkbox"/> Euthanized (method) _____ <input type="checkbox"/> Submitted alive for euthanasia	
Type of Sample (Number of each): <input type="checkbox"/> Carcass (____) <input type="checkbox"/> OP Swab (____) <input type="checkbox"/> Tracheal swab (____) <input type="checkbox"/> Cloacal swab (____) <input type="checkbox"/> Other (____)	
Total Number of Samples Submitted Today: _____ <input type="checkbox"/> Not Applicable, birds submitted	
Clinical signs (symptoms):	Any treatments given to this bird or others in the flock? <input type="checkbox"/> None <input type="checkbox"/> Birds received:
How long have the birds been sick?	Any other sick birds in your flock at this time? How many?
Vaccines or wormers administered? <input type="checkbox"/> None <input type="checkbox"/> Birds received:	Number of birds in your flock that have died in the past 3 months?

