



Poultry Disease Diagnostic Laboratory 3520 Hwy. 79 Homer, LA 71040 Ph: (318) 927-3441 Fax: (318) 927-3440

ACCESSION FORM

Lab Use Only: Date Received: Accession Number:

****Client Information****

Company/Owner: _____ **Grower/Farm Name:** _____
Contact Person: _____ **Parish/County:** _____
Mailing Address: _____ **Address:** _____

Phone: _____
Fax: _____

****Specimen Information****

Specimen Type: (please circle) **Number Submitted:** _____
 Live Birds Dead Birds Whole Blood Serum Swabs Feces
 Fresh Tissue Fixed Tissue Frozen Tissue Litter Other
Type of Bird(s): _____
Age: _____
Total Number of Birds on Farm: _____
Number of Houses: _____
Number of Houses Affected: _____
Bird History or Reason for Submission: _____

****Tests Requested**** (please circle)

Necropsy: Sick bird General Health Cocci/Worm Check Chick check
Bacteriology: Culture (looking for): _____ Antibiotic Sensitivity
Serology: **AGID** (please circle): Avian Influenza
ELISA (please circle): MsMg Combo Ms Mg IBV NDV IBD Reo CAV AIV
Mycoplasma HI (please circle): Ms Mg Mm
Plate-Agglutination Test (please circle): *Salmonella pullorum*
Litter Evaluation (please circle): K P N Moisture
Other (please specify): _____

Submitted by: _____