



**GAUTENG & NORTHERN REGION**

Midrand  
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**WESTERN CAPE**

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**REPORT DETAILS      ACCOUNT DETAILS      ANIMAL INFORMATION**

PRACTICE NAME: \_\_\_\_\_  
REF VET NAME: \_\_\_\_\_  
ACCOUNT NO: \_\_\_\_\_

NAME + ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

FARM NAME: \_\_\_\_\_  
\_\_\_\_\_  
OWNERS NAME \_\_\_\_\_  
\_\_\_\_\_  
SPECIES POULTRY \_\_\_\_\_

**SAMPLE:**  
 URGENT     ROUTINE

**RESULTS:**  
 EMAIL     FAX     PHONE

**RESULTS TO:**     OWNER     SENDER

**ACCOUNT TO:**     OWNER     SENDER

**POULTRY PATHOLOGY SUBMISSION**

**FLOCK HISTORY**

Bird Type	
Flock ID	
Bird Age (d/w)	
Sampling Date	
Symptoms	
Feed Source	
Other Information	

**SPECIMENS RECEIVED**

Type	No
Blood	
Culture Swab/tissue	
Tracheal swabs	
Cloacal swab	
Feed	
Formalin for Histopathology	

Type	No
Fluff	
Dead in shell	
Dust	
Faeces	
Water	
Pre-incubated eggs	

Type	No
Con/Exp plates	
Drag swabs	
Litter	
Bone	
Tissue/Mineral	
Other	

**TEST REQUIRED    V4290**

PM     HISTO     CULTURE     SEROLOGY     PCR

SEROLOGY	V4290	ELISA	NDV	IBV	IBD		EDS	SE	AE
			AI	ART	ILT	CAV	MG	MS	
		PAT	MG	MS	BWD				
PCR	V4290	NDV	iBV	ILT	MG	MG	APG	OTHER	
OTHER	V4290								
SEE ATTACHED	V4290								