

KAHDL AVIAN SUBMISSION FORM	436 Hogan Rd, Nashville, TN 37220 (UPS/Fed Ex) P.O. Box 40627, Nashville, TN 37204 (USPS) Office: 615.837.5125 Fax: 615.837.5250	KAHDL PA F-6 Rev.0, July 2016 Page 1 of 2
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DATE: _____

Submitter Information			
Submitter Name:		Vet Clinic (If applicable):	
Address:		TN	Zip: County:
Phone:	Fax:	Email:	
Report Distribution: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> USPS			

Owner Information (If different from submitter)			
Owner Name:			
Address:		TN	Zip: County:
Phone:	Fax:	Email:	
Report Distribution: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> USPS			

Premise Information			
Site Name:			GPS:
Address:		TN	Zip: County:
Premise ID:	Source or Flock ID:	Reference (House/Barn):	

Premise Type (Best Description)	Samples (list tube and bird numbers on following page)
<input type="checkbox"/> Broiler Chicken <input type="checkbox"/> Broiler Breeder <input type="checkbox"/> Layer Chicken <input type="checkbox"/> Broiler Breeder - GP <input type="checkbox"/> Breeder Males <input type="checkbox"/> Broiler Breeder - GGP <input type="checkbox"/> Breeder Pullets <input type="checkbox"/> Broiler Breeder - Pullet <input type="checkbox"/> Gamebird, Waterfowl <input type="checkbox"/> Broiler Breeder - GP Breeder <input type="checkbox"/> Backyard <input type="checkbox"/> Other: _____ <input type="checkbox"/> Exhibition	Collection Date: _____ Collected by: _____ Type: <input type="checkbox"/> Swab - <input type="checkbox"/> Oropharyngeal <input type="checkbox"/> Cloacal <input type="checkbox"/> Environmental <input type="checkbox"/> Blood/Serum <input type="checkbox"/> Whole Bird

History, Description of Disease

Requested Test
<input type="checkbox"/> PCR <input type="checkbox"/> Serology <input type="checkbox"/> Necropsy <input type="checkbox"/> Other: _____ Please list tubes on following page

Tube	ID # or Name	Sex	Age	Lab Use
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