



Bird Type
<input type="checkbox"/> Chicken - Broiler <input type="checkbox"/> Chicken – Broiler Breeder <input type="checkbox"/> Chicken - Layer <input type="checkbox"/> Chicken – Layer Breeder
<input type="checkbox"/> Turkey: <input type="checkbox"/> Pigeon/squab <input type="checkbox"/> Pet bird (specify):
<input type="checkbox"/> Other bird type (specify): _____ <i>For wild birds, please use the "Wildlife Submission Form (# FQM-012W)"</i>

Flock Information (please include as much information as possible if applicable)																
<b>*Flock Size:</b>					<b>*Age:</b> ( d, w, m, y ) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed male and female <input type="checkbox"/> Unknown											
N/A		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
<input type="checkbox"/>	<b>*Number (or %) Dead:</b>															
<input type="checkbox"/>	<b>*Number (or %) Sick:</b>															
<input type="checkbox"/>	<b>*Egg Production (%):</b>															
Vaccinated? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes ( <i>details and contact</i> )																
Euthanized? <input type="checkbox"/> No <input type="checkbox"/> Yes-Specify Method: _____																
<input type="checkbox"/> <b>*Flock size less than 100 birds</b>																

<b>*Services Requested:</b>	
<input type="checkbox"/> <b>Full Necropsy</b> <i>or</i> <input type="checkbox"/> <b>Specific Testing</b> (if full necropsy not selected): Please indicate specific tests requested below <input type="checkbox"/> Include additional tests at pathologist’s discretion ( <i>additional fees may apply</i> ).	
<b>Serology:</b> <input type="checkbox"/> AE <input type="checkbox"/> AI <input type="checkbox"/> BA <input type="checkbox"/> CAV <input type="checkbox"/> HE <input type="checkbox"/> IBD <input type="checkbox"/> IBV <input type="checkbox"/> ILT <input type="checkbox"/> MG <input type="checkbox"/> MM <input type="checkbox"/> MS <input type="checkbox"/> NDV <input type="checkbox"/> ORT <input type="checkbox"/> REO <input type="checkbox"/> Group 1 Avian Adenovirus <input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> <b>Parasitology</b>	<input type="checkbox"/> <b>Electron Microscopy</b>
<input type="checkbox"/> <b>Virology:</b>	<input type="checkbox"/> <b>Histopathology:</b>
<input type="checkbox"/> <b>Molecular Diagnostics (PCR):</b>	<input type="checkbox"/> <b>Bacteriology:</b>

For a list of tests and fees, please visit <http://www.gov.bc.ca/animalhealthcentre>.

*Specimens submitted become the property of the AHC and are cremated on site following testing. Ashes cannot be returned. Information related to food-producing animal testing may be used by the Ministry of Agriculture for the purpose of summarized statistical surveillance of production animal health in BC. Personal details will not be disclosed, in accordance with the Freedom of Information and Protection of Privacy Act. In the event of a suspected reportable, notifiable or foreign animal disease, the AHC is obligated to comply with the federal Health of Animals and the provincial Animal Disease Control Acts by confirming the diagnosis and notifying the appropriate agencies.*

**\*Submitter’s Signature:** \_\_\_\_\_ **\*Date:** \_\_\_\_\_

**\* Please ensure all required information (in red) is completed. Samples with incomplete forms will not be tested.**