Avian Submission Form

Account Number_____ **Date** _____

Submitted by _____

Business_____

Address _____

City _____ Zip Code _____

Country_____

Email _____

Phone _____ Fax _____

Print Owners Information on Results: ❑ Yes ❑ No

Owners Name_____

Business_____

Address_____

		Label #	Species	Bird ID	DNA Sexing Blood, Feather, Egg (PCR)	PBFD (qPCR) (BT, FS, VS, ES)	PBFD (fELISA) (SS, BT)	Polyoma (qPCR) (BT, VS, ES,TIS)	Polyoma virus Avian (rELISA) (SS, BT)	Herpesvirus Avian (nqPCR) (VS, TIS)	Pacheco's Disease (qPCR) (VS, TIS)	*Borna Virus (rtPCR) Cal (FS, TIS)	Borna Virus Avian (fELISA) (SS, BT)	* Reovirus Parrot (rtPCR) (TIS, VS,TS)	*Paramyxo virus1 (rtPCR) (BT, VS TS)	*West Nile virus (rtPCR) (SS, VS, BT)	Pigeonherpesvirus (PCR) (TS , TIS)	Pigeon Circovirus (PCR) (BT, VS, TIS)	Chlamydiosis (qPCR) (ES, TS, VS, TIS)	Mycobacterium (PCR) (VS,TS)	Avian Gastric Yeast AGY (VS,FM)	Giardia (PCR) (VS)	Cryptosporidium (PCR) (VS)	Aerobic Bacterial /Fungal Culture (Cult.)	Avian Borna Virus Panel (ELISA & rtPCR)
	1																									
	2																									
	3																									
	4																									
	5																									
	6																									
	7																									
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	10																									

I have read and understand the instructions. I also understand that and Animal Genetics. shall not be held liable for any incidental or consequential damages of any kind, even if advised of such damage. All results are confidential to the extent allowed by law.

Payment Amount: _____ ❑ Check #_____ ❑Credit Card ❑PayPal paypal@animalgenetics.us

Credit Card # _____ Exp. Date_____ 3 or 4 Digit Security #:_____

Signature_____

Sample Abbreviations:

(BT) Blood-tube for whole blood (EDTA) (SS) Serum Sample
(FS) Feather sample (VS) Vent Swab
(ES) Environmental Swab (FM) Fecal Sample
(BS) Blood Swab (TS) Throat Swab
(TIS) Tissue Sample (Cult.) Culturette

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Please note, feather samples for testing MUST be freshly taken, molted feathers will not work. *Thanks.*