

## Avian Submission Form for APHA VI Centres and Lasswade

Client's name and address

Post Code :

Address where birds kept, if different from above

Post Code :

Veterinary practice

Clinician :

Your reference

CPHH No

Flock code (if applicable)

### Bird Details

Chicken  Turkey  Duck  Goose  Partridge  Pheasant  Other please specify :  
Breed/Strain please specify : Male  Female  Mixed  N/A

**Purpose** (Please enter the main enterprise under which the affected birds are kept)

Breeder/parent – Layers  Layers  Layers (rear)  Pet/Backyard/Show  Game (rear)  Game (breed)   
Breeder/parent – Meat  Broilers/Meat  Wild  Captive or Zoo  Other (Please specify):

### Type of Housing

Organic Production? Yes  No  Unknown   
Controlled environment  Pen/Barns  Free range  Commercial cages  Other (Please specify):


### Reason for Submission

Are the samples from animals (or group) showing clinical signs? Yes (Diagnostic)  No (Monitoring)  Other

If Other, please specify:

Has there been any previous discussion/sample submission from this case/outbreak? Yes  No  If yes, see below  
Sample/carcass submitted  Submission number Discussed by phone  APHA farm visit

### Clinical History

Total number in flock  Number in affected group  Number of affected birds (incl dead)   
Age when birds placed   Duration of clinical signs  Number of birds died

**Brief history (please append any relevant reports or photos)**

continuation on page 2

Age of birds now

If appropriate, please use this table to help describe the morbidity/mortality pattern

	Mortality	Culls
Cumulative mortality		
Today		
Yesterday		
Day before		

**Clinical Signs** (Mark the main clinical sign with 1 and the other clinical signs with X or consecutive numbers)

Wasting/poor condition	Recumbent	Respiratory	Egg drop	Unknown
Abnormal faeces	Lameness	Skin/Feather	Egg quality	Healthy
Upper GIT signs	Musc/skel	Found dead	Poor hatchability	N/A
Vent/cloacal disorders	Nervous signs	Non-specific clinical signs	Other	

### Type of examination

Post mortem examination  
Bacteriology  
Histopathology  
Mycoplasma  
Other/Project (please specify):

### Bird and Sample Identification

Date sample(s) taken or bird died

Bird/sample ID	Type and number of samples

For prices/Test codes (TC), please see <https://www.gov.uk/guidance/laboratory-test-price-lists>

## Supplementary Form

### Additional clinical history:

### Vaccination/Treatment

ND @

IB @

IBD @

Salmonella @

Marek's @

Other @

Medicated in the last 7 days? Yes  No

Medication details

### Flock Details

Source of birds

Homebred  Purchased  Please specify As eggs  As poults/pullets  As day olds

If imported: Date \_\_\_\_\_ Country \_\_\_\_\_ No. of birds in batch \_\_\_\_\_

### Husbandry

Feeding Ad lib  Restricted

Feed type

In feed inclusions

Recent feed changes No  Yes

Appetite	Same	Increased	Decreased
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Water	Same	Increased	Decreased
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Weight gain	On target	Poor	Uneven
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Ventilation system	Natural	Mechanical	
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Lighting	Natural	Artificial	(pattern and intensity)	
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Type and condition of litter			
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Heating (please specify)			
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Please tick box if samples cannot be used for anonymous surveillance or test validation purposes

### DATA PROTECTION

For information on how we handle personal data please go to [www.gov.uk](http://www.gov.uk) and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.