



Arkansas Veterinary Diagnostic Laboratory  
 1 Natural Resources Drive  
 Little Rock, AR 72205  
 (501) 823-1730 | Fax: (501) 907-2410  
 agriculture.arkansas.gov

LAB USE ONLY
Coordinator: _____

Print this form and enclose with samples or email to **receiving@agriculture.arkansas.gov**

Sample Collection Date/Time \_\_\_\_\_ Sample Submission Date \_\_\_\_\_

Company \_\_\_\_\_ Account # \_\_\_\_\_ State \_\_\_\_\_

Farm Name/Address \_\_\_\_\_ Premise ID \_\_\_\_\_

Contact for questions about this submission (Name/Phone/Email) \_\_\_\_\_

Send Results to (Name/Email) \_\_\_\_\_

Type of Bird  Broiler  Broiler Breeder  Layer  Turkey  Other \_\_\_\_\_

Primary Problems  Excessive Mortality  Poor Growth  Lameness  
 Respiratory  Diarrhea  Routine Check  Other \_\_\_\_\_

History \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tests Requested**

Necropsy  Chick Check

Culture  Aerobic + AST  Anaerobic Other \_\_\_\_\_

PCR  MG/MS  AI  NDV  IBV  ILT  IBD  Other \_\_\_\_\_

Serology  MG/MS  AI  NDV  IBV  IBD  IBD-XR  
 CAV  AE  Reo  Other \_\_\_\_\_

Farm	Flock ID	House #	Age (wk/d)	Sample Type (broth, serum, swab, trachea, dead, live)	# Samples (broth, serum, swab, trachea, dead, live)	Pool # (Lab Use)

See our [website](#) for current **List of Tests and Fees** and **Sample Submission Guidelines**.

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FAD# _____ Priority _____