Request for Post-Mortem Examination | Lab Reference: P- -

Farm Name _____ Company _____ | _____

Parent Flock(s)_____ | Submitted by _____

Species/Type: BR/BY/BP/LA/LP/TP___ __ __ | Telephone _____ _____

House |_| No. Placed _____ Age|__|__|d/w. | Date Sampled ___/___/___

Strain|_| (R/P/L/H/C)Placement |__| A/H, M, F | _____

Reason Submitted:_____ | Date Received ___/___/___

IMPORTANT: The above information is vital, more is welcome.

Feed Type _____ Last feed delivery ___/___/___

Birds sent: Dead _____ Culls _____ Alive_____ Weighing_____

Vaccination and Medication History

Days	Vaccine or medicine	Route/Comments

Signs noted (tick one or more):

Rattling |_|	Face Swelling |_|	Coughing |_|
Watery Eye |_|	Nasal Disch. |_|	Sneezing |_|
Scour/Diarrhoea		Huddling |_|
Lameness |_|	Leg Deformity |_|	Paralysis |_|
Feathering |_|	Feather Peck |_|	Vent peck |_|
Feed Consumption : Reduced |_|		Increased |_|
Water Consumption: Reduced |_|		Increased |_|
Weight gain : Uneven |_|		Poor |_|

Mortality	Culls
Total to date	
Today	
Yesterday	
Day Before	

Drop Egg Production _____%

Other signs :_____

Stress Factors:

Feed Changes |_| Overcrowding |_| Overheating |_| Chilling |_| Moving |_|

Litter Condition _____ Ventilation _____

Comments:_____

_____

For Laboratory Use Only:

Weight(g)	D/C	SEX	1	2	3	4	5	Comment

Bursal Weight: _____ Other Organ Weight: _____ Other Organ_____

Comment:_____

_____

HINTS FOR GOOD POST-MORTEM SAMPLES

1. Plan for samples to arrive on a week-day. If shipping check 'duty lab' by phoning 01845 577907
2. Select birds appropriate to problem. (e.g. culls with clinical signs of recently dead if mortality is problem.
3. Shake carcases to remove litter and lay out separately in a cool place. When cool pack in a leak-proof manner.
4. Complete the top of this form, fold appropriately to show correct address and place in a "Documents Enclosed" pouch Peel off backing and stick to outside of package.

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