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| **For Lab use only** | | | |
| APHA submission No:  19- | Path No: | Date of PM: | Pathologist: |

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| --- | --- |
| **Date of submission (dd/mm/yy):** | |
| **Client and Veterinary practice details** | |
| Client name & farm address:    Postcode  CPHH No. | Veterinary practice name & address:    Postcode |
| Address where animals kept if different from above: | Clinician name:  Email for PM Report: |

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| **Animal(s) details** | |
| Species: | Breed: |
| Age (specify days/weeks/months/years) |  |
| Sex: | Date of death (dd/mm/yy): |

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| Purpose/husbandry – please enter the main enterprise under which the affected animals are kept | |
| Organic production: | |
| Poultry - purpose: |

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| Is this the first sample from this case/outbreak? | Previous lab results: |

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| **Clinical history** | | | |
| Duration of clinical signs: | | Housing | |
|
| No. in flock | No. in affected group | No. affected including dead | No. died |
|  |  |  |  |

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| **Clinical signs (multiple replies possible)** | | | |
| Wasting/ Poor condition  Abnormal Faeces  Upper GIT signs  Vent/ Cloacal disorders | Recumbent  Lameness  Musc/ skeletal- not lame  Nervous signs | Respiratory  Skin/ Feather  Found dead  Non-specific signs | Egg drop  Egg quality  Poor hatchability  Unknown |

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| **Written clinical history (incl. vaccinations/ worming, clinical signs, treatment, suspect diagnoses)** |
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| **Animal and sample identification** | | |
| *Official animal ID*  *Sample ID* | *Type and number of samples* | *Date taken (dd/mm/yy)* |
|  |  |  |

Please tick the box if you DO NOT give permission for tissues to be used for anonymous surveillance, teaching and research purposes.

Please ensure that the animal owner is aware that tissues of the submitted animal may be retained for diagnostic / research/ teaching purposes and that permission to do so is implicit in submission.