

NOVA SCOTIA DEPARTMENT OF AGRICULTURE
Quality Evaluation
Veterinary Pathology Laboratory
65 River Road
Truro, NS B2N 5E3
Phone: 902/893-6540/Fax: 902/895-6684

Date Collected: _____
Date Submitted: _____
Date Received: _____

Pathology Lab Accession #: _____

Submitted by: Veterinarian ___ **Owner** ___ **Other:** _____

Report to: Veterinarian ___ **Owner** ___ **Other:** _____

Owner: _____

Address: _____ **Postal Code:** _____

Phone #: _____ **Fax #:** _____

Veterinarian: _____

Farm Identification: _____ **Flock Identification:** _____ **Flock Code:** _____

Poultry Type: _____ **Age:** _____ **Flock size:** _____

AVIAN SEROLOGY (ELISA)

Vaccination History

AGE	VACCINE	ROUTE

TESTS REQUESTED: AE ___ **CAV** ___ **IBD-XR** ___ **IBV** ___ **MG** ___ **MS** ___ **NDV** ___ **REO** ___

NUMBER OF SAMPLES SUBMITTED: (minimum 15) _____

ENVIRONMENTAL SAMPLES

TYPE: **Fluff** ___ **Peptone Swabs** ___ **NUMBER SAMPLES SUBMITTED:** _____

LOCATION: **Hatchery** ___ **Broiler Breeders** ___ **Layer Breeders** ___

COMMENTS: