



# AVIAN PME Submission Form

WVSC reference:	WVSC USE ONLY
Date received:	WVSC USE ONLY

PLEASE COMPLETE ALL SECTIONS WHEN SUBMITTING CARCASSES FOR POSTMORTEM EXAMINATION

**CLIENT'S NAME & ADDRESS**

Postcode:			
CPHH:			
Address where birds kept, if different from above:			
CPHH:		Postcode:	

**VETERINARY PRACTICE**

Email(s) for results:	
Clinician:	
& Mobile No:	

**BIRD DETAILS**

Chicken <input type="checkbox"/>	Turkey <input type="checkbox"/>	Duck <input type="checkbox"/>	Goose <input type="checkbox"/>	Partridge <input type="checkbox"/>	Pheasant <input type="checkbox"/>	Other please specify:		
Breed / Strain (please specify):				Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Mixed <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Organic Production:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	In Transition <input type="checkbox"/>				

**PURPOSE** (Please enter the main enterprise involving the affected birds)

Breeder/parent – Layers <input type="checkbox"/>	Breeder/parent – Meat <input type="checkbox"/>	Layers <input type="checkbox"/>	Layers (rear) <input type="checkbox"/>	Pet/Backyard/Show <input type="checkbox"/>	Game (rear) <input type="checkbox"/>	Game (breed) <input type="checkbox"/>
Broilers/ meat <input type="checkbox"/>	Wild <input type="checkbox"/>	Captive or zoo <input type="checkbox"/>	Other, please specify:			

**TYPE OF HOUSING**

Controlled environment <input type="checkbox"/>	Pet / Barns <input type="checkbox"/>	Free range <input type="checkbox"/>	Commercial cages <input type="checkbox"/>	Other (please specify):
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**REASON – WERE THESE ANIMALS SHOWING CLINICAL SIGNS?**

Yes (Diagnostic) <input type="checkbox"/>	No (Monitoring) <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please state reason:		

**IS THIS THE FIRST SAMPLE SUBMITTED FROM THIS CASE/OUTBREAK?**

Yes <input type="checkbox"/>	Previous Lab. ref if applicable:
No <input type="checkbox"/>	

**CLINICAL HISTORY**

Size of flock	No. in affected group	No. affected (including dead)	No. died

**AGE**

Age of birds placed	
Age of birds now	

**DURATION OF SIGNS**

0 - 3 days	<input type="checkbox"/>
4 days – 2 weeks	<input type="checkbox"/>
> 2 weeks	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

**MORBIDITY/MORTALITY PATTERN**

- IF APPROPRIATE, PLEASE USE THIS TABLE TO DESCRIBE THE MORBIDITY/MORTALITY PATTERN

	Mortality	Culls
Cumulative Mortality		
Today		
Yesterday		
Day before		

**VACCINATION**

Newcastle Disease (ND)	date
Infectious Bronchitis (IB)	date
Infectious Bursal Disease (IBD, Gumboro)	date
Salmonella	date
Marek's	date
Other: _____	date

**MEDICATION**

<b>Medicated in last days?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication details

**CLINICAL SIGNS** (Please rank in order of importance e.g. 1 = main clinical sign)

Wasting/ Poor condition <input type="checkbox"/>	Recumbent <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Egg drop <input type="checkbox"/>	Unknown <input type="checkbox"/>
Abnormal faeces <input type="checkbox"/>	Lameness <input type="checkbox"/>	Skin/Feather <input type="checkbox"/>	Egg quality <input type="checkbox"/>	Healthy <input type="checkbox"/>
Upper GIT signs <input type="checkbox"/>	Musc/Skel <input type="checkbox"/>	Found dead <input type="checkbox"/>	Poor hatchability <input type="checkbox"/>	N/A <input type="checkbox"/>
Vent/cloacal disorders <input type="checkbox"/>	Nervous signs <input type="checkbox"/>	Non-specific c/s <input type="checkbox"/>	Other:	

lease tick this box if samples cannot be used anonymously for research and/or test development

**DATA PROTECTION:** Any information given on this form regarding samples submitted for post-mortem examination may be shared with the APHA as part of the government surveillance network. For further information on how we handle personal data please read our privacy notice at [www.wvsc.wales](http://www.wvsc.wales)

**HUSBANDRY - Feeding**

Feeding regime:	Ad-lib <input type="checkbox"/>	Restricted <input type="checkbox"/>
Feed type:		
In feed inclusions:		
Recent changes:	No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please specify):	
Appetite:	Same <input type="checkbox"/>	Increased <input type="checkbox"/> Decreased <input type="checkbox"/>
Weight gain:	Poor <input type="checkbox"/>	Uneven <input type="checkbox"/>
Water:	Same <input type="checkbox"/>	Increased <input type="checkbox"/> Decreased <input type="checkbox"/>

**HUSBANDRY - Housing**

Lighting:	Natural <input type="checkbox"/>	Artificial <input type="checkbox"/>	Pattern & intensity:
Ventilation:	Natural <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Other <input type="checkbox"/> (please specify):
Type & condition of litter:			
Heating:			

**GAME BIRD SUBMISSIONS**

Please specify:	Rearing pens <input type="checkbox"/>	At grass <input type="checkbox"/>	Release pens <input type="checkbox"/>	Released <input type="checkbox"/>	On wire <input type="checkbox"/>
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**FLOCK DETAILS**

Source of birds:	Homebred <input type="checkbox"/>	Purchased <input type="checkbox"/>	Please specify: As eggs <input type="checkbox"/>				As poults / pullets <input type="checkbox"/>	As day olds <input type="checkbox"/>
Number of houses/pens on site								
Individual house/pen details	1	2	3	4	5	6		
Source of birds								
Age of birds when sourced/placed								
Age of birds in each house now								
Age or date of depopulation								
Is this site/pen affected?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**WRITTEN CLINICAL HISTORY** *include management details, diet, dates of illness/deaths, treatments, vaccination status etc. not provided elsewhere)*

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**BIRD IDENTIFICATION**

(Inc. type & number of carcasses):	Date bird(s) died: