



## INDOVAX PVT. LTD.

TO,  
**R & D UNIT,**  
**GURGAON-122001; TEL:0124-4210279**  
**E-Mail: scgupta@indovax.com**

FROM: \_\_\_\_\_  
 \_\_\_\_\_  
 TEL: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Address of Farm: \_\_\_\_\_  
 \_\_\_\_\_ Tel/Fax: \_\_\_\_\_

Name of Consultant: \_\_\_\_\_ Tel: \_\_\_\_\_

Type of sample: **Birds (dead/ live)/ Serum//Egg/ Tissue (10% Formalin/ 50% Glycerol Phosphate Buffer)**

Bird type: **broiler/ layer/breeder** Age: \_\_\_\_\_ Flock Size: \_\_\_\_\_

Farm Strength: \_\_\_\_\_ No. of Flocks: \_\_\_\_\_ Housing Type: **Cage/ Litter**

Feed Type: \_\_\_\_\_ Branded/Own: \_\_\_\_\_ Rearing: **All in- All out/Multi age/ Single Age**

Nature of Problem: **Production drop/ Mortality**; Production drop/ Mortality started on: \_\_\_\_\_;

Date of sampling: \_\_\_\_\_;

Egg Production before onset: \_\_\_\_\_%; Egg Production at sampling time: \_\_\_\_\_%;

Morbidity%: \_\_\_\_\_ Total Mortality %: \_\_\_\_\_

Mortality (for last 7 days) in ascending order: \_\_\_\_\_

Vaccination History: Please fill up date of vaccination/ age of vaccination/vaccine company

ND			R			IBD			IB			EDS		
Date	Age	Vacc.	Date	Age	Vacc.	Date	Age	Vacc.	Date	Age	Vacc.	Date	Age	Vacc.

Clinical Signs: \_\_\_\_\_  
 \_\_\_\_\_

PM Findings: \_\_\_\_\_  
 \_\_\_\_\_

Preliminary Diagnosis: \_\_\_\_\_

Current Treatment Regime: \_\_\_\_\_

Lab Services: (Tick mark (√) - test to be done)

1. Serology: **ND /R/ EDS/ ELISA (IB, IBD, .....**)
2. Others: **Bacterial Isolation/ Antibiotic Sensitivity Test/ Viral Isolation/ Histopathology etc.....**

**Note: Tick mark (√) appropriate box. In case of production drop, complete history of vaccination should be made available.**