



Pennsylvania Animal Diagnostic Laboratory System – Avian Samples

University of Pennsylvania
New Bolton Center
382 West Street Road
Kennett Square, PA 19348
(610) 444-4282

Pennsylvania State University
Animal Diagnostic Laboratory
Wiley Lane
University Park, PA 16802
(814) 863-0837

Pennsylvania Department of
Agriculture
Pennsylvania Veterinary
Laboratory
2305 North Cameron Street
Harrisburg, PA 17110-9408
(717) 787-8808

Bill To:
 Sample Collector
 Owner/Company
 Premises Owner

Report To:
 Sample Collector
 Owner/Company
 Premises Owner

By: Fax Email US Mail

Accession # _____

Sample Collector

 Certified Poultry Tech ID Number

 Name

 Address

 City, State, Zip

 Phone Fax

 Email

 Signature

Owner/Company

 Owner

 Company

 Address

 City, State, Zip

 Phone Fax

 Email

See back of form if submitting multiple premises

Premises: MF# _____ NPIP# _____

 Premises Identification Number

 Flock ID/Name/House #/Floor #/Pen # or Q #

 Address

 City, State, Zip

 Phone Fax

 Email

For a report sent to other than above. Name: _____ Fax/E-mail: _____

Date Collected: _____ Date Submitted: _____ Age of flock: _____ Years _____ Weeks _____ Days

Blood: _____ # Eggs: _____ # Swabs: _____ Swab Source: _____

Chicken Duck Guinea Turkey Other: _____ Breed: _____ Production type: _____

Description (color / distinctive markings): _____

(If submitting multiple species, flocks, or sample types, see back of form to identify samples)

Number of Birds on Premises: _____ Comments/History: _____

Hatchery name where birds originated: _____ If Breeders, hatchery name to incubate eggs: _____

PROGRAM TESTING (Purpose of test): (Check all that apply for this submission) – If applicable, enter individual bird/flock IDs on back.

• **Live Bird Market System (Avian Influenza)**

- Auction/Swap Meet/Small Sale Backyard Dealer
- Feed Store Hauler Live Bird Market (At Market)
- Passive Surveillance Truck/Crate Wash Wholesaler
- Production Unit (On Farm) – Moving to state of _____

Pennsylvania Avian Influenza Monitored Flock Program

Export/Movement To: _____

• **National Poultry Improvement Plan (NPIP)**

- US AI Clean (Breeders)
 - US H5/H7 LPAI Monitored: (Non-Breeders)
 - US MG Clean: Routine Program Test Suspect Retest
 - US MS Clean: Routine Program Test Suspect Retest
 - US MM Clean: Routine Program Test Suspect Retest
 - US Pullorum-Typhoid Clean: Routine Program Test Reactor Retest Bird Culture
 - US Salmonella Monitored
 - US Sanitation Monitored
 - US SE Clean: Routine Program Test Bird Culture
- Related accession number for retests _____

• **Exhibition/Show:**

- AI/Pullorum AI Only Pullorum Only Reactor Retest

• **Pennsylvania Pullorum Equivalent:**

- Routine Program Testing Reactor Retest
- Related accession number for retests _____

• **FDA SE Egg Safety** Registration Number: _____

- Eggs Environmental- Layer
- Environmental- Post-Molt Environmental- Pullet

• **Pennsylvania Egg Quality Assurance Program (PEQAP)**

- PS1 PS2 LY1 LY2 LY3 LY4 LY5
- LY6 LY7 LY8 LCD EGG QC
- Other _____

Pullet House Name _____
Layer House Destination _____

• **Regulatory Investigation / Disease** _____

- Association Unknown Circle Testing Epidemiology Linked
- Index Trace Back Trace Forward Quarantine Release
- Other _____

Diagnostic Test Requests: Enter the number of each type of test requested. (If applicable, enter individual bird IDs on back)

If chicken ELISA testing is requested, please indicate a preference of ELISA test system: IDEXX (ADL) BioChek (NBC)

- | | | | |
|-------------------|-----------------|-----------------|-------------------------------|
| _____ MG Plate | _____ NDV ELISA | _____ MG ELISA | _____ Pullorum –Typhoid Plate |
| _____ MS Plate | _____ IBV ELISA | _____ MS ELISA | _____ Pullorum –Typhoid Tube |
| _____ MM Plate | _____ IBD ELISA | _____ HEV ELISA | _____ Aerobic Culture |
| _____ AI AGID | _____ REO ELISA | _____ BA ELISA | _____ Salmonella Culture |
| _____ IBD AGID | _____ AE ELISA | _____ PCR | _____ RapidChek SE Test |
| _____ Other _____ | | | |

AI Virus Detection
_____ Virus Isolation
_____ RRT-PCR
Lab Use Only
Grant(s) _____

Blood Tube Identification*

Box # _____ Pen/House # _____ Species _____

Box # _____ Pen/House # _____ Species _____

*Please write band number (sample #) in space corresponding to sample location in box.

Multiple Flock Submission Information/ Swab Identification (only one accession will be created per form)

Sample source: T-Tracheal Swab, O-Oropharyngeal Swab, C-Cloacal Swab, E-Environmental Swab, Blood, Eggs, Birds

Date Collected	Tube # / Lot #	Species/Breed	Sample Source (Include # of samples)	Flock ID, Description and/or Comments	Age	Location Number

PADLS reserves the right to perform tests for any of the diseases regulated by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any tests on animals or birds submitted for necropsy that the case coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgement that some tests may be performed at other laboratories.