



# Pennsylvania Animal Diagnostic Laboratory System (Avian Influenza Testing)

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 # \_\_\_\_\_

**Submitter**

\_\_\_\_\_  
 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 ID 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

# Swabs: \_\_\_\_\_ (# Swab pools): \_\_\_\_\_ Swab source: \_\_\_\_\_ # Blood: \_\_\_\_\_ # Eggs: \_\_\_\_\_

Chicken  Duck  Guinea  Turkey  Other: \_\_\_\_\_ Breed: \_\_\_\_\_ Production type: \_\_\_\_\_

**\*If submitting swab pools or other samples from multiple species, flocks, etc., please use back of form to identify samples.**

Description (color / distinctive markings): \_\_\_\_\_

Number of Birds on Premises: \_\_\_\_\_ Comments/History: \_\_\_\_\_

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

**HPAI Control Zone Surveillance Testing**

Infected Zone (0-3K)  Buffer Zone (3-10K)  
 Zone #: \_\_\_\_\_

**Regulatory Investigation** \_\_\_\_\_

Index/Positive  Circle Testing  
 Trace Back  Trace Forward  
 Epidemiology Linked  
 Other \_\_\_\_\_

**Export/ Permit/Product Movement To** \_\_\_\_\_  
*Date of Movement & Time:* \_\_\_\_\_

Other \_\_\_\_\_

**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**

**National Poultry Improvement Plan (NPIP)**

US AI Clean (Breeders)  
 US H5/H7 LPAI Monitored: (Non-Breeders)

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

\_\_\_\_\_ AI RRT-PCR      \_\_\_\_\_ AI Virus Isolation      \_\_\_\_\_ AI AGID      \_\_\_\_\_ AI ELISA

\_\_\_\_\_ Other \_\_\_\_\_

