



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