## PENNSYLVANIA ANIMAL DIAGNOSTIC LABORATORY SYSTEM

## **Avian Influenza Testing Submission Form**

Pennsylvania State University Animal Diagnostic Laboratory Wiley Lane

New Bolton Center Veterinary Laboratory 382 West Street Rd.

PA Veterinary Laboratory PA Department of Agriculture 2305 N. Cameron St.

## **Billing and Reporting Preferences**

Report to by:

Animal Diagnostic Laboratory Wiley Lane University Park, PA 16802 814-863-0837  Weterinary L 382 West St Kennett Squ 610-925-672	aboratory PA Depart reet Rd. 2305 N. Ca are, PA 19348 Harrisburg	ment of Agriculture ameron St. , PA 17110 308	Premise Owner Sample Collector Owner/Company	Bill to: Fax: Email: US Mail:		
Accession#			L ME	L NDID!		
Submitter	Owner/C	ompany	MF#	Premises NPIP#		
Certified Poultry Tech ID Number	Owner		Premises II	O Number		
Name	Company		Flock ID/Na	ame/House #/Floor #/Pen # or Q#		
Address	Address		Address			
City, State ,Zip	City, State ,Zip			City, State ,Zip		
Phone Fax	Phone	Fax	Phone	Fax		
Email Signature	Email See back of form if s		Email			
Date Collected: Date Submit # Swabs: (# Swab pools): Chicken  Duck  Guinea  Turkey  *If submitting swab pools or other sam Description (color / distinctive markings):	Swab source: Bree	# Blood: d: ies, flocks, etc., plo	# Eggs: Production type:			
Number of Birds on Premises:PROGRAM TESTING (Purpose of test):						
HPAI Control Zone Surveillance Testin  ☐ Infected Zone (0-3K) ☐ Buffer Zone ( Zone #:  Regulatory Investigation ☐ Index/Positive ☐ Circle Testing ☐ Trace Back ☐ Trace Forward ☐ Epidemiology Linked ☐ 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)					
Date of Movement & Time:  Other		_ 00 No.111 El F				
☐ Diagnostic Test Requests: Enter the		est requested. (If ap	plicable, enter indiv	ridual bird IDs on back)		
AI RRT-PCR	Al Virus Isolation	AI AGID		_ AI ELISA		
Other						

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, OC-Oral + Cloacal Swab, E-Environmental Swab, Blood, Eggs, Birds

Sample Bar Code	Tube # / Lot #	Species/Breed	Sample Source (Include # of samples)	Flock ID, Description and/or Comments	Age	Location Number		
Blood Tube Identification*  Box # Pen/House # Species								

PD AVIAN FORM 02 (April 2019)

<sup>\*</sup>Please write band number (sample #) in space corresponding to sample location in box.