

# Pennsylvania Animal Diagnostic Laboratory System Avian Sample Submission Form

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

## Billing and Reporting Preferences

### Report to by:

Bill to: Fax: Email: US Mail:

Sample Collector

Owner/Company

Premise Owner

**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

MF# \_\_\_\_\_

Premises \_\_\_\_\_

NPIP# \_\_\_\_\_

### Location of Birds at Sampling

Premises Identification Number \_\_\_\_\_

Flock ID/Name/House #/Floor #/Pen # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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

Pullet House Name: \_\_\_\_\_ Layer House Address: \_\_\_\_\_

Layer House Name: \_\_\_\_\_

**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.

### • LBM (AI) - For PDA/USDA Use Only

Auction/Swap Meet/Small Sale Backyard Dealer  
Feed Store Hauler Live Bird Market (At Market)  
Truck/Crate Wash

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

Production Unit (On Farm) – Moving to state of \_\_\_\_\_

### • Export/Movement to: \_\_\_\_\_

### • National Poultry Improvement Plan (NPIP)

US AI Clean (Breeders) Subpart E

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

US MG Clean: US MS Clean: US MM Clean:

Routine Test Suspect Retest

US Pullorum-Typhoid Clean:

Routine Test Reactor Retest Bird Culture

US Salmonella Monitored US Sanitation Monitored

US SE Clean:

SE Monitored Routine Test Bird Culture

Related Accession number for retests: \_\_\_\_\_

### • Pennsylvania Avian Influenza Monitored Flock

### • 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

### • PA Egg Quality Assurance Program (PEQAP) Q# \_\_\_\_\_

☐ PS1 ☐ PS2 ☐ LY1 ☐ LY2 ☐ LY3 ☐ LY4 ☐ LY5 (Required)

☐ LY6 ☐ LY7 ☐ LY8 ☐ LCD ☐ EGG ☐ QC

☐ Other \_\_\_\_\_

### • 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	_____ AI Virus Isolation
_____ MS Plate	_____ IBV ELISA	_____ MS ELISA	_____ Pullorum –Typhoid Tube	_____ AI RRT-PCR
_____ MM Plate	_____ IBD ELISA	_____ MG/MS ELISA	_____ Aerobic Culture	_____ MG PCR
_____ AI AGID	_____ REO ELISA	_____ HEV ELISA	_____ Salmonella Culture	_____ MS PCR
_____ Other _____	_____ AE ELISA	_____ BA ELISA	_____ SE Culture Only	
		_____ SE PCR Only	_____ RapidChek SE Test Only (NBC)	

Please use the avian necropsy submission form if for diagnostic necropsy/analysis on birds or tissues

Box # \_\_\_\_\_ Pen/House # \_\_\_\_\_ Species \_\_\_\_\_

[illegible]

Box # \_\_\_\_\_ Pen/House # \_\_\_\_\_ Species \_\_\_\_\_

[illegible]

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

[illegible]

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