

Pennsylvania Animal Diagnostic Laboratory System Avian Sample Submission Form

University of Pennsylvania New Bolton Center 382 West Street Road Kennett Square, PA 19348 (610) 925-6725

Accession #

Pennsylvania State University Animal Diagnostic Laboratory 131 Pastureview Rd 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

Billing an	id Repo	rting Pr	eferences
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Report to by:

Bill to: Fax: Email: US Mail:

Sample Collector
Owner/Company
Premise Owner

Sample Collector	Owner/Company		i	Premises NPIP#				
Certified Poultry Tech ID Number	Owner							
Name	Company		Premises Identification Number					
Address	Address		Flock ID/Name/House #/Floor #/Pen #					
City, State, Zip	City, State, Zip		Address					
Phone Fax	Phone Fax		City, State, Zip					
Email	Email Fax		Phone	Fax				
Signature	See back of form if submitt	ing multiple premises	Email					
-								
other than above. Fax/E-mail:								
Pullet House Name: Layer House Name:	Layer Hou	se Address:						
Date Collected: Date Submitted	Are of flo	ck. Veare	Weeks	Dave				
# Blood: # Eggs: # Swabs:				_ Days				
☐ Chicken ☐ Duck ☐ Guinea ☐ Turkey ☐				e:				
•								
Description (color / distinctive markings) (If :	submitting multiple specie	es, flocks, or sample t	ypes, see back of	form to identify samples)				
Number of Birds on Premises: Co Hatchery name where birds originated:	illillellis/i listory.							
PROGRAM TESTING (Purpose of test): (C	theck all that apply for th	is submission) – If an	plicable enter indivi	idual bird/flock IDs on back.				
LBM (AI) - For PDA/USDA Use Only Auction/Swap Meet/Small Sale Backya Feed Store Hauler Live Bird Market Truck/Crate Wash	Exhibition/Show	Avian Influenza I v: I Only Pullorum						
Live Bird Market System (Avian Influence Production Unit (On Farm) – Moving to sta			Pullorum Equiva					
• Export/Movement to:	ate oi	☐ Routine Program Related accession						
National Poultry Improvement Plan (N	IPIP)							
US AI Clean (Breeders) Subpart E US H5/H7 LPAI Monitored: (Non-Breeder		► FDA SE Egg S☐ Eggs☐ Environmental- F	afety Registration Post-Molt Cost-Molt	n Number:] Environmental- Layer] Environmental- Pullet				
US MG Clean: US MS Clean: Routine Test Su US Pullorum-Typhoid Clean: Routine Test Reactor Rete	US MM Clean: spect Retest est Bird Culture	• PA Egg Quality PS1 PS2 L LY6 LY7 L Other	.Y1 □ LY2 □ LY3 Y8 □ LCD □ EG					
US Salmonella Monitored US Sa US SE Clean: SE Monitored Routine Test Related Accession number for retests:	nitation Monitored Bird Culture	• Regulatory Inv	restigation / Dise nown	sting ☐ Epidemiology Linked rward ☐ Quarantine Release				
□ Diagnostic Test Requiests: Enter the num	ber of each type of test	requested. (If applic	able, enter individ	ual bird IDs on back)				
If chicken ELISA testing is requested, please	· ·	f ELISA test system:	☐ IDEXX (ADI	L) BioChek (NBC)				
MG Plate NDV ELISA			• •	Al Virus Isolation				
MS Plate IBV ELISA			-Typhoid Tube					
MM Plate IBD ELISA AI AGID REO ELISA				MG PCR				
ALAGID REO ELISA AE ELISA	BA ELISA	Salmonel SE Cultui		MS PCR				
Other	SE PCR Onl		ek SE Test Only (I	NBC)				

	blood Tube Identification									
	Box #	Pen/House	e#Spe	_ Species						
Box # Pen/House # Species										
		1		1		1		1		1

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 or under surveillance by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any test on animals submitted for autopsy that the Case Coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgment that some tests may be performed at other laboratories.

Diana Tuba Idantification*

^{*}Please write band number **or** sample # in the space corresponding to sample location in box.