



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 _____

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 _____

*Please write band number (sample #) in space corresponding to sample location in box.