

## 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#
_____	_____	_____
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.

• **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 \_\_\_\_\_

•  **Pennsylvania Avian Influenza Monitored Flock**

•  **Export/Movement To:** \_\_\_\_\_

• **National Poultry Improvement Plan (NPIP)**

- US AI Clean (Breeders)     Subpart E
- 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

SE Monitored

Related accession number for retests \_\_\_\_\_

**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

**Blood Tube Identification\***

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


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


\*Please write band number **or** sample # in the 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

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.