



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

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

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.

• **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

Export/Movement To: _____

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

- US AI Clean (Breeders)
- 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 |
| _____ MS Plate | _____ IBV ELISA | _____ MS ELISA | _____ Pullorum –Typhoid Tube |
| _____ MM Plate | _____ IBD ELISA | _____ HEV ELISA | _____ Aerobic Culture |
| _____ AI AGID | _____ REO ELISA | _____ BA ELISA | _____ Salmonella Culture |
| _____ IBD AGID | _____ AE ELISA | _____ PCR | _____ SE Culture Only |
| _____ Other _____ | | _____ SE PCR Only | _____ RapidChek SE Test Only |

AI Virus Detection	
_____ Virus Isolation	
_____ RRT-PCR	
Lab Use Only	
Grant(s) _____	

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 (sample #) in 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 by the Pennsylvania Department of Agriculture on any specimen it receives. PADLS reserves the right to perform any tests on animals or birds submitted for necropsy that the case coordinator deems necessary for obtaining a diagnosis. Your submission of specimens for diagnostic purposes constitutes your acknowledgement that some tests may be performed at other laboratories.