



Avian Influenza Testing Submission Form

Billing and Reporting Preferences

Pennsylvania State University Animal Diagnostic Laboratory Wiley Lane University Park, PA 16802 814-863-0837

New Bolton Center Veterinary Laboratory 382 West Street Rd. Kennett Square, PA 19348 610-925-6725

PA Veterinary Laboratory PA Department of Agriculture 2305 N. Cameron St. Harrisburg, PA 17110 717-787-8808

Report to by: Premise Owner, Sample Collector, Owner/Company. Bill to: Fax: Email: US Mail: [checkboxes]

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

MF# 230609, Premises, NPIP#, Premises ID Number, Flock ID/Name/House #/Floor #/Pen # or Q#, Address, City, State, Zip, Phone, Fax, Email. Add Monitored Flock or NPIP number when available.

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: Snicking, respiratory depression and diarrhea

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- Zone #: _____ Mark Control Zone based on established priority.

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
					12 wks	
					8wks	

Blood Tube Identification*

Box # _____ Pen/House # _____ Species _____

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