



PENNSYLVANIA ANIMAL DIAGNOSTIC LABORATORY SYSTEM

High Path AI Submission Form

Billing and Reporting Preferences

Pennsylvania State University
Animal Diagnostic Laboratory
Wiley Lane
University Park, PA 16802
814-863-0837
ADLSubmissions@psu.edu

New Bolton Center
Veterinary Laboratory
382 West Street Rd.
Kennett Square, PA 19348
610-925-6725
NBCHPAI@vet.upenn.edu

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

Report to by:
Premise Owner
Sample Collector
Owner/Company
Bill to:
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

MF# Premises NPIP#
Premises ID Number
Flock ID/Name/House #/Floor #/Pen #
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)
Surveillance Zone (10-20k)
Zone #: \_\_\_\_\_

Regulatory Investigation
Index/Positive Circle Testing
Trace Back Trace Forward
Epidemiology Linked
Sick Bird
Other \_\_\_\_\_
1st Control Zone 1st Surveillance Zone
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)

Export/ Permit/Product Movement To:
Date of Movement & Time: \_\_\_\_\_

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.  
 PD AVIAN FORM 02 (April 25, 2022) All Requested Data Must Be Provided Page 2 of 2  
 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.