

Instructions for Submitters for Filling out the PADLS Avian Influenza Submission Form

Section One -Submitter, Owner/Company, and Premises

Checkmark the “Bill To” and “Report To” section in the box in the top right corner.

Fill out all three associated parties information sections in their **entirety** including: name, address, phone number and a fax number and email, if available.

Required fields: Certified Poultry Tech (CPT) ID number (if assigned) and signature, Premises ID numbers and all other premises information; additionally, include contact information for the submitter. If the premises has an NPIP# or MF#, it is important to provide that information.

- **Please note that permits for movement of animals in an outbreak situation will not be issued without a premises ID. It is extremely important to provide this information on your paperwork. Incomplete or missing contact information may cause a delay in the processing of the samples and/or reporting of results.**

Section Two - Sample information

Fill out all applicable information available for each sample set.

Required fields: Date Collected, Date Submitted, Age of Flock, sample type quantity (# Blood, # Eggs, # Swabs/# Swab pools), and if swabs, Swab Source (e.g. tracheal, cloacal , etc.). Also required: Avian species, breed, and production type, and number of birds on premises.

- **If submitting swab pools or other samples from multiple species, flocks, etc., please use the back of the form to identify samples.**
- **Incomplete or missing sample information may cause a delay in the processing of the samples and/or reporting of results.**

Section Three - PROGRAM TESTING – Purpose of Test (POT)

Indicate whether the premises you are testing is in an HPAI infected or buffer zone (see section called HPAI control zone surveillance testing) and the zone # if known.

Checkmark all POTs that apply for this submission (i.e. Monitored Flock, NPIP, Live Bird Market, etc. including the Regulatory Investigation/Disease, if necessary).

- **For the Export/Movement To section, be sure to include date of movement.**

Definitions (For submissions falling under the Regulatory Investigation/Disease section):

Index- The first case of AI within a zone area

Circle testing- Applicable to LPAI instances where testing is based on geographic location as opposed to the three below

Trace back- premises identified as being potential sources of AI to the positive premises

Trace forward- Premises identified as potentially receiving AI from the positive premises

Epidemiology linked- premises identified as linked to the investigation that are not trace back or trace forward

- **Failure to indicate a purpose of test may cause a delay in the processing of the samples and/or reporting of results.**

Section Four - Diagnostic Test Request

Enter the number of each type of test requested.

Please note: Geese samples are now permitted to be tested by AI RRT-PCR rather than Virus Isolation.

- **For AI RRT-PCR, enter the total number of samples to be tested in the box in the bottom left corner.**
- **Failure to request a diagnostic test may cause a delay in the processing of the samples and/or reporting of results.**