Pennsylvania Animal Diagnostic Laboratory System – Avian Samples

University of Pennsylvania
New Bolton Center
382 West Street Road
Kennett Square, PA 19348
(610) 444-4282

Pennsylvania State University
Animal Diagnostic Laboratory
Orchard Road
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

Bill To:
☐ Sample Collector
☐ Owner/Company
☐ Premises Owner

Report To:
☐ Sample Collector
☐ Owner/Company
☐ Premises Owner

By: ☐ Fax ☐ Email ☐ US Mail

Accession # _____

Sample Collector	Owner/Company	Premises
Certified Poultry Tech ID Number	Owner	MF# NPIP#
Name	Company	Premise Identification Number
Address	Address	Flock ID/Name/House #/Floor #/Pen # or Q #
City, State, Zip	City, State, Zip	Address
Phone Fax	Phone Fax	City, State, Zip
Email	Email	Phone Fax
Signature	See back of form if submitting multiple premises	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 ID's 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
Related accession number for retests _____

- **Exhibition/Show:**

☐ AI/Pullorum ☐ AI Only ☐ Pullorum Only ☐ Reactor Retest

- **Pennsylvania Pullorum Equivalent**:

☐ Routine Program Testing ☐ Reactor Retest
Related accession number for retests _____

- **FDA SE Egg Safety** Registration Number: _____

☐ Eggs ☐ Environmental- Layer
☐ Environmental- Post-Molt ☐ Environmental- Pullet

- **Pennsylvania Egg Quality Assurance Program (PEQAP)**

☐ PS1 ☐ PS2 ☐ LY1 ☐ LY2 ☐ LY3 ☐ LY4 ☐ LY5
☐ LY6 ☐ LY7 ☐ LY8 ☐ LCD ☐ EGG ☐ QC
☐ Other _____
Pullet House Name _____
Layer House Destination _____

- **Regulatory Investigation / Disease** _____

☐ Association Unknown ☐ Circle Testing ☐ Epidemiology Linked
☐ Index ☐Trace Back ☐ Trace Forward ☐ Quarantine Release
☐ Other _____

☐ **Diagnostic Test Requests:** (Refer to current PADLS fee schedule for costs) – **This section should only be used for diagnostic (non-program) test requests.** Enter the number of each type of test requested. (If applicable, enter individual bird ID's on back)

_____ 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	_____ Other _____

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.