



Pennsylvania Animal Diagnostic Laboratory System – Avian Samples

University of Pennsylvania
New Bolton Center
382 West Street Road
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(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 # _____

<p style="text-align: center;">Sample Collector</p> <p>_____</p> <p>Certified Poultry Tech ID Number _____</p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <p>Signature _____</p>	<p style="text-align: center;">Owner/Company</p> <p>_____</p> <p>Owner _____</p> <p>Company _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <p style="text-align: center;">See back of form if submitting multiple premises</p>	<p>MF# _____ Premises _____ NPIP# _____</p> <p>Location Number _____</p> <p>Flock ID/Name/House #/Floor #/Pen # or Q # _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p>
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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: _____ # Birds: ____

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.

- **Avian Influenza (AI) Surveillance**
(If for the Live Bird Market System or NPIP, see below)
Commercial: On Farm Processing Plant; Non Commercial
- **Avian Influenza Live Bird Market System Testing (sampling location)**
 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 _____
- **National Poultry Improvement Plan (NPIP) Testing**
 US AI clean
US H5/H7 LPAI Monitored: On Farm Processing Plant
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 _____
- **Pennsylvania Programs**
Exhibition/Show:
 AI/Pullorum AI Only Pullorum Only Reactor Retest
PA Pullorum Equivalent:
 Routine Program Testing Reactor Retest
Related accession number for retests _____
- **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 _____
- Export/Movement To:** _____
- **Regulatory Investigation / Disease** _____
 Association Unknown Circle Testing Epidemiology Linked
 Trace Back Trace Forward
 Quarantine Release Other _____
Comments _____

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	____ PM ELISA
____ MS Plate	____ IBV ELISA	____ MS ELISA	____ Pullorum –Typhoid Tube
____ MM Plate	____ IBD ELISA	____ MM ELISA	____ Pullorum – Typhoid Plate
____ AI AGID	____ REO ELISA	____ HEV ELISA	____ SE Culture
____ IBD AGID	____ AE ELISA	____ BA ELISA	____ Other _____

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

