



# Pennsylvania Animal Diagnostic Laboratory System Avian Sample Submission Form

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Pennsylvania State University  
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Pennsylvania Department of  
Agriculture  
Pennsylvania Veterinary  
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2305 North Cameron Street  
Harrisburg, PA 17110-9408  
(717) 787-8808

### Billing and Reporting Preferences

#### Report to by:

Bill to: Fax: Email: US Mail:

Sample Collector

Owner/Company

Premise Owner

Accession # \_\_\_\_\_

Sample Collector

\_\_\_\_\_  
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 Identification Number

\_\_\_\_\_  
Flock ID/Name/House #/Floor #/Pen # or Q #

\_\_\_\_\_  
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

# 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 IDs 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  SE Monitored

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:** Enter the number of each type of test requested. (If applicable, enter individual bird IDs on back)

If chicken ELISA testing is requested, please indicate a preference of ELISA test system:  IDEXX (ADL)  BioChek (NBC)

- |                   |                 |                   |                               |
|-------------------|-----------------|-------------------|-------------------------------|
| _____ 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         | _____ SE Culture Only         |
| _____ Other _____ |                 | _____ SE PCR Only | _____ RapidChek SE Test Only  |

<b>AI Virus Detection</b>
_____ Virus Isolation
_____ RRT-PCR
<b>Lab Use Only</b>
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.