

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 Wiley Lane 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

Sample Collector Owner/Company Premises Owner
Report To: Sample Collector Owner/Company Premises Owner
By: Fax Email US Mail

(610) 444-4282	(814) 863-0837	2305 North Ca				
Accession #		Harrisburg, PA (717) 787-8808				
Sample Collector	Owner/Co	I I MF#	Premises: NPIP#			
Certified Poultry Tech ID Number	Owner	Premis	ses Identification Number			
Name	Company					
Address	Address	Flock I	D/Name/House #/Floor #/Pen # or Q #			
01.01.7	0': 0: . 7'	Addres	Address			
City, State, Zip	City, State, Zip	City, S	tate, Zip			
Phone Fax	Phone Fax					
Email	Ēmail		Phone Fax			
Signature	See back of form if submi	tting multiple premises Email	Email			
For a report sent to other than above. Nam	e:	Fax/E-mail:				
Date Collected: Date Submitt						
# Blood: # Eggs: # Swabs: _	-					
☐ Chicken ☐ Duck ☐ Guinea ☐ Turkey			ction type:			
Description (color / distinctive markings):						
		ole types, see back of form to				
Number of Birds on Premises:	•	• •	• • •			
	-					
Hatchery name where birds originated:		•				
PROGRAM TESTING (Purpose of test):		· · · · · · · · · · · · · · · · · · ·	enter individual bird/flock IDs on back.			
 Live Bird Market System (Avian Influence Auction/Swap Meet/Small Sale ☐ Back 		 Exhibition/Show: □ Al/Pullorum □ Al Only □ 	Pullorum Only ☐ Reactor Retest			
☐ Feed Store ☐ Hauler ☐ Live Bird Mark	et (At Market)	•	•			
☐ Passive Surveillance ☐ Truck/Crate Wa		 Pennsylvania Pullorum Equivalent: Routine Program Testing Reactor Retest 				
☐ Production Unit (On Farm) – Moving to	State of	Related accession number for				
☐ Pennsylvania Avian Influenza Monit	tored Flock Program	• EDA CE Eng Cofety De	agistration Number			
☐ Export/Movement To:		 FDA SE Egg Safety Re ☐ Eggs 				
National Poultry Improvement Plan	/NDID\	☐ Environmental- Post-Molt	☐ Environmental- Layer☐ Environmental- Pullet			
☐ US AI Clean (Breeders)		Pennsylvania Egg Qua	lity Assurance Program (PEQAP)			
☐ US H5/H7 LPAI Monitored: (Non-Breede	ers)	□ PS1 □ PS2 □ LY1 □ LY				
US MG Clean: ☐ Routine Program Tes US MS Clean: ☐ Routine Program Tes						
US MM Clean: Routine Program Tes		☐ Other Pullet House Name				
US Pullorum-Typhoid Clean: ☐ Routine Pr	ogram Test	Layer House Destination				
☐ Reactor Retest☐ US Salmonella Monitored	☐ Bird Culture					
☐ US Sanitation Monitored			on / Disease Circle Testing ☐ Epidemiology Linked			
US SE Clean: ☐Routine Program Test		☐ Index ☐ Trace Back ☐	Trace Forward ☐ Quarantine Release			
Related accession number for retests		Other				
☐ Diagnostic Test Requests: Enter the r	number of each type of te	st requested. (If applicable, er	nter individual bird IDs on back)			
If chicken ELISA testing is requested, please		of ELISA test system: IDI	EXX (ADL) BioChek (NBC)			
MG Plate NDV ELIS						
	MS ELISA HEV ELISA		d Tube Virus Isolation RRT-PCR			

BD AGID

Other_

RapidChek SE Test

Grant(s)

PCR

AE ELISA

Blood Tu	be Identification	on*						
Box #	Pen/House	e# Spe	ecies					
Box #	Pen/House	e# Sp	ecies					
*Please	write band nu	mber (sample	e #) in space	correspondir	g to sample l	ocation in bo	х.	

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 Tube # / Collected Lot # Species/Breed		Sample Source (Include # of samples)	Flock ID, Description and/or Comments	Age	Location Number	