



# Pennsylvania Animal Diagnostic Laboratory System – Avian Samples

University of Pennsylvania  
New Bolton Center  
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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

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

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

By:  Fax  Email  US Mail

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

Premises: MF# \_\_\_\_\_ 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
- 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       | _____ RapidChek SE Test       |
| _____ Other _____ |                 |                 |                               |

<b>AI Virus Detection</b>
_____ Virus Isolation
_____ RRT-PCR
<b>Lab Use Only</b>
Grant(s) _____

