

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE
FLOCK TESTING REPORT FOR RAPID WHOLE BLOOD AGGLUTINATION
PLATE TEST (BIRD-SIDE TEST)**

Name of flock owner: _____

Address of flock owner: _____

Location of flock (Premises owner/address): _____

Federal premise ID # of flock premises: _____

Breed/strain/trade name of birds: _____

Number of birds in flock: _____

Age of birds: _____

Blood testing for Pullorum-typhoid (blood samples from all reactors on the rapid plate test, or the reactors, must be sent to a PADLS laboratory for further testing):

Number of males tested	Number of females tested	Number of reactors	Number of samples sent to laboratory	Laboratory results

Name of Certified Poultry Technician (please print): _____

Signature of Certified Poultry Technician: _____

Date: _____

A copy of this completed form must be sent to the PA Department of Agriculture as soon as possible after testing has been completed. If samples are sent to the laboratory, the laboratory results will be filled out by the Department. Keep a copy of this form and all laboratory results for your records. Remember that all reactors must be banded.

PA Department of Agriculture
BAHDS - room 410
2301 N Cameron St
Harrisburg PA 17220
717-772-2852