

Poultry Sample Submission Form



8995 East Main Street, Reynoldsburg, OH 43068

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Premise Barcode, if available

For Laboratory Use Only

Date collected _____ Date Shipped _____
 Authorized Vet/Agent _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____

Billing Account # _____ **NPIP #** _____
 Owner _____
 Address _____
 City _____ State _____ Zip _____
 Owner Phone _____

Results

- Fax _____
- Email _____
- Email OPA _____

Site Premise ID

Site/Farm/Unit _____
 Address _____
 City _____ State _____ Zip _____
 County _____

Species

- Chicken
 - Broiler Layer
 - Turkey
 - Waterfowl
 - Upland Game Bird
- Sub-Part E List Below: _____
 Miscellaneous List Below: _____
 Specify Breed Below: _____

Specimens

- Serum
- Egg
- Fluff
- Papers
- Drag Swab
- Cloacal Swab
- Choanal Swab
- Tracheal Swab
- Other List Below: _____

Reason for Submission

- Qualification
- Health Monitoring
- Movement
- Diagnostic/Sick Birds

Flock ID _____ **House ID** _____ **Age** _____ **D/W/M/Y** _____ **Sex** Male Female

Total # of Samples Submitted _____

Total # of Birds Sampled _____

Diagnostic (Billed to client)

- | | #Samples |
|---|----------|
| <input type="checkbox"/> Salmonella Culture | _____ |
| <input type="checkbox"/> S. pullorum Serum | _____ |
| <input type="checkbox"/> AI ELISA/PCR | _____ |
| <input type="checkbox"/> MG ELISA/PCR | _____ |
| <input type="checkbox"/> MS ELISA/PCR | _____ |
| <input type="checkbox"/> MM ELISA | _____ |
| <input type="checkbox"/> AE ELISA | _____ |
| <input type="checkbox"/> IBD ELISA | _____ |
| <input type="checkbox"/> IBV ELISA | _____ |
| <input type="checkbox"/> REO ELISA | _____ |
| <input type="checkbox"/> NDV ELISA | _____ |
| <input type="checkbox"/> HEV ELISA | _____ |
| <input type="checkbox"/> BA ELISA | _____ |
| <input type="checkbox"/> PMV 2, 3, 7 HI | _____ |
| <input type="checkbox"/> Other | _____ |

NPIP-Breeder (Required Breeder tests)

- | | #Samples |
|---|----------|
| <input type="checkbox"/> Salmonella Culture | _____ |
| <input type="checkbox"/> AI PCR | _____ |
| <input type="checkbox"/> S. pullorum Serum | _____ |
| <input type="checkbox"/> AI ELISA | _____ |
| <input type="checkbox"/> MG ELISA | _____ |
| <input type="checkbox"/> MS ELISA | _____ |
| <input type="checkbox"/> MM ELISA | _____ |

Commercial/Surveillance

- | (Billed through OPA) | #Samples |
|---|----------|
| <input type="checkbox"/> Salmonella Culture | _____ |
| <input type="checkbox"/> AI PCR | _____ |
| <input type="checkbox"/> AI ELISA | _____ |
| <input type="checkbox"/> AI AGID | _____ |

Sample Identification or Sample Barcode Section

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Comments/History: _____

Signature _____

Authorized Agent Number _____