

POULTRY SUBMISSION FORM

SUBMITTED FOR

OWNER/NPIP _____ FDA _____ OTHER (list) _____

Oregon Department of Agriculture - Animal Health Laboratory 635 Capitol St. NE Salem, Oregon 97301
 503-986-4686 503-986-4688-fax

Submitter/Veterinarian _____
 Address _____
 Report by: Fax _____
 Phone _____
 Email _____

Lab Use Only

Species _____
 Breeder
 Layer
 Meat
 Other _____

Name of Farm _____
 House ID # _____ Flock ID _____
 Age of Flock _____ Date Samples Taken _____
 Samples collected by _____

History _____
 Disease(s) Suspected _____

THE TEST TYPE AND METHOD FOR EACH TEST REQUESTED MUST BE INDICATED ON THE FORM
 (If all samples are to be tested by same method just circle the method)

OWNER MONITORING OR NPIP TESTING

◇ Gp D Salmonella PCR (routine) -NPIPb
 ◇ Gp D Salmonella PCR (rapid + routine) - NPIP_a+NPIP_b
 ◇ NPIP Environmental Culture - NPIP_c
 ◇ NPIP Yolk Sac Culture - NYSC
 ◇ Feed Sample for SE - SEN

FDA TESTING

Δ FDA Environmental Culture-FSE
 Δ FDA egg PCR (1000 eggs)
 – SE specific PCR (~32 hrs) - FEGG
 Δ FDA egg assay (1000 eggs)
 –SDIX (~50 hrs-) - SDIXE

SEROLOGY

MG Plate Agg
 MS Plate Agg
 MM Plate Agg
 S. pullorum MAT
 AI
 Newcastle
 Other _____

Lab Use	Specimen ID	Breed	Sex	Quantity	Sample Type	Test Request	Test Request
1							
2							
3							
4							
5							

