



635 Capitol Street NE
 Salem, OR 97301
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Animal Health Laboratory Commercial submission form Poultry

Lab use only:

Submitter:			Flock ID:	
Address:			House ID:	
City:	State:	Zip:	Location:	Age:
Phone:	Fax:		Collected by:	
Email:			Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax	
Is this sample for export purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			Collected date:	Submitted date:
Destination:				

Confidentiality of all information related to these tests is requested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature:
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Tests requested: Tests to be performed on all samples. Use multiple submission forms for different sample groups.

<input type="checkbox"/> Avian influenza (no charge)	<input type="checkbox"/> Salmonella Pullorum-Typhoid (\$1.50/sample)	<input type="checkbox"/> Other:
<input type="checkbox"/> Mycoplasma Gallisepticum (\$3.20/sample)	<input type="checkbox"/> Salmonella FDA Culture (\$35/sample)	
<input type="checkbox"/> Mycoplasma Synoviae (\$3.20/sample)	<input type="checkbox"/> Salmonella (Group D) PCR (\$18/sample)	
	<input type="checkbox"/> Salmonella Culture (\$35/sample)	

Specimens submitted. Indicate number of each sample type:

_____ Blood, whole _____ Blood, serum _____ Egg _____ Swab (origin) _____ _____ Other (origin) _____

Animal/Specimen information—Use Multiple Sample Form if necessary						
Sex: F=Female, M=Male Age: Y=Years, M=Months, W=Weeks, D=Days						
#	Animal/Specimen ID	Species	Sample Type	Sex	Age	Lab use only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						