



**OREGON
DEPARTMENT OF
AGRICULTURE**

26755 SW 95th Ave
Wilsonville, OR 97070
Phone: 503-986-4686
Fax: 844-986-4688
oda.ahl@oda.oregon.gov

**Animal Health Laboratory
Commercial Submission Form
Poultry**

Page ____ of ____

*Submitter:				*Flock ID:		
*Address:				*House ID:		
*City:	*State:	*Zip:	City (if different from submitter):		*Collected Date:	
*Phone:	Fax:		*Collected by:			
*Email:			*Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax		Submitted date:	
*Is this sample for NPIP? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Is this sample for movement purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No		Destination: _____		
*Sample Type (Please indicate number of each sample type; leave blank or write "N/A" if none.)						
_____ Blood, whole	_____ Cloacal Swab	_____ Boot/Drag Swab (Wetting agent: <input type="checkbox"/> BPW <input type="checkbox"/> Double strength skim milk)				
_____ Blood, serum	_____ Fluff	_____ Organ	_____ Other: _____			
*Tests Requested: Tests to be performed on all samples. Use multiple submission forms for different tests.						
<input type="checkbox"/> Avian Influenza: AGID / ELISA (circle one)			<input type="checkbox"/> Salmonella Culture: Group D / spp. (circle one)			
<input type="checkbox"/> Salmonella Group D PCR			<input type="checkbox"/> Salmonella Pullorum - Typhoid			
Animal/Specimen Information - Use multiple sample forms if necessary. Sex: F = Female, M = Male Age: Y = Years, W = Weeks, D = Days						
#	*Animal/Sample ID	*Species	*Breed	*Sex	*Age	Lab Use Only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Lab Use Only		* Required field. Testing will not begin until required information is received in writing.				
Date Received		Temperature		Sample Condition Comments:		
Received By		Ice Pack? <input type="checkbox"/> Yes <input type="checkbox"/> No				