

Poultry Sample Submission Form



Account # _____

8995 East Main Street
Reynoldsburg, Ohio 43068
Phone: 614-728-6220 Fax: 614-728-6310
(please print or type below)

Date collected _____ **Date shipped** _____ **Owner** _____
Authorized Vet./Agent _____ **Address** _____
Address _____ **City** _____ **State** _____ **Zip** _____
City _____ **State** _____ **Zip** _____ **Owner's Phone** _____
Phone _____

Receive Report By:

Fax _____
 E-mail to OPA _____
 Email _____

Site/Farm/Unit _____
Site Premise ID _____
Site/Farm/Unit Address _____
City _____ **State** _____ **Zip** _____
County _____

Breeder Bird

Qualification Monitoring Sick birds
Type of Sample
 Serum Swab Egg Other _____

Layer Broiler Turkey Sentinels Sub-Part E Other
 Male Female

NPIP# _____ **Age of Flock** _____ **Flock ID#** _____ **House ID#** _____

Total Samples Submitted _____

Tests Requested	DIAGNOSTIC	NPIP	SURVEILLANCE
<input type="checkbox"/> S. pullorum (SP)	#Samples _____	<input type="checkbox"/> (SP) #Samples _____	
<input type="checkbox"/> MG	#Samples _____	<input type="checkbox"/> MG #Samples _____	
<input type="checkbox"/> MS	#Samples _____	<input type="checkbox"/> MS #Samples _____	
<input type="checkbox"/> MM	#Samples _____	<input type="checkbox"/> MM #Samples _____	<input type="checkbox"/> AI #Samples _____
<input type="checkbox"/> AI	#Samples _____	<input type="checkbox"/> AI #Samples _____	<input type="checkbox"/> Other #Samples _____
<input type="checkbox"/> NDV	#Samples _____		
<input type="checkbox"/> IBV	#Samples _____		
<input type="checkbox"/> AE	#Samples _____		
<input type="checkbox"/> IBD	#Samples _____		
<input type="checkbox"/> REO	#Samples _____		
<input type="checkbox"/> BA	#Samples _____		
<input type="checkbox"/> HEV	#Samples _____		
<input type="checkbox"/> S. typhimurium	#Samples _____		
<input type="checkbox"/> PMV HI	1 (NDV HI) 2 3 7 #Samples _____		
<input type="checkbox"/> Other	_____	#Samples _____	

Barcode, if available

(Additional barcodes may be attached to the back of this form)

Comment/History _____

Signature _____ **Authorized Agent Number** _____