

HPAI SUBMISSION FORM



Phone # 614-728-6220 Fax # 614-728-6310		Page ___ of ___
1. Laboratory ID:	2. Date Received:	3. Accession:
4. Premise Name and Address:		5. Premise ID:
6. Company Name:		
7. Flock ID#	8. House ID#	
9. Collected by:		10. Collection date:
11. Total number of samples submitted: _____		
12. In Control Zone (circle one): 0-3K, 3-10K, 10-20K, No		
13. REASON FOR SUBMISSION:		
___ Active Surveillance	___ Post Outbreak Surveillance	___ Movement Permit
___ Clinical Suspect/Sick Bird Call	___ Quarantine Release	(ship date & time):
___ Dead Bird Surveillance	___ Other (specify):	
14. SAMPLES: If all samples are the same, check once below.		
a) Bird type Chicken broiler: commercial ___ breeder ___ Chicken layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____		
b) Specimen Type: Oropharyngeal/Choanal Swab ___ Cloacal Swab ___ Serum ___ Environmental ___ Other _____		
c) Test requests : PCR ___ Serology ___		
15. If species, specimen and/or sample are different, check the boxes below as appropriate.		
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Choanal Swab ___ Cloacal Swab ___ Serum ___
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Choanal Swab ___ Cloacal Swab ___ Serum ___
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Choanal Swab ___ Cloacal Swab ___ Serum ___
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Choanal Swab ___ Cloacal Swab ___ Serum ___
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Choanal Swab ___ Cloacal Swab ___ Serum ___
16. Submitted by:		17. Submission date:
18. Submitter contact phone:		
19. Submitter contact email:		

SAMPLES: If all samples are the same, check once below.

- a) Bird type Chicken broiler: commercial ___ breeder ___ Chicken layer: commercial ___ breeder ___
 Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____
- b) Specimen Type: Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
- c) Test requests : PCR ___ Serology ___

If species, specimen and/or sample are different, check the boxes below as appropriate.

Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____
Bar Code	Chicken Broiler: commercial ___ breeder ___ Chicken Layer: commercial ___ breeder ___ Turkey: commercial ___ breeder ___ Wild waterfowl ___ Other _____	Oropharyngeal Swab ___ Cloacal Swab ___ Serum ___ Other _____