



PENNSYLVANIA ANIMAL DIAGNOSTIC LABORATORY SYSTEM

High Path Avian Influenza PCR Submission Form

Billing and Reporting Preferences

Pennsylvania State University
Animal Diagnostic Laboratory
Wiley Lane
University Park, PA 16802
814-863-0837
ADLSubmissions@psu.edu

New Bolton Center
Veterinary Laboratory
382 West Street Rd.
Kennett Square, PA 19348
610-925-6725
NBCHPAI@vet.upenn.edu

PA Veterinary Laboratory
PA Department of Agriculture
2305 N. Cameron St.
Harrisburg, PA 17110
717-787-8808
PVLSubmit@pa.gov

Report to by:

	Bill to:	Fax:	Email:	US Mail:
Premise Owner	☐	☐	☐	☐
Sample Collector	☐	☐	☐	☐
Owner/Company	☐	☐	☐	☐

Accession # _____

Submitter (Collector)

- ☐ I am a Certified Poultry Technician
☐ I am a HPAI Sampler

Certified Poultry Tech ID Number _____

Name _____

Address _____

City, State ,Zip _____

Phone _____ Fax _____

Email _____

Signature _____

Owner/Company

Owner _____

Company _____

Address _____

City, State ,Zip _____

Phone _____ Fax _____

Email _____

MF# _____

Premises _____

NPIP# _____

Premises ID Number _____

Flock ID/Name/House #/Floor #/Pen # _____

Address _____

City, State ,Zip _____

Phone _____ Fax _____

Email _____

For a report sent to other than above. Name: _____ Fax/E-mail: _____

Date Collected: _____ Date Submitted: _____ Age of flock: _____ Years _____ Weeks _____ Days

Swabs: _____ (# Swab pools): _____ Swab source: _____

☐ Chicken ☐ Duck ☐ Guinea ☐ Turkey ☐ Other: _____ Breed: _____ Production type: _____

***If submitting swab pools from multiple species or flocks, please use page 2 to identify samples.**

Description (color / distinctive markings): _____

Number of Birds on Premises: _____ Comments/History: _____

PROGRAM TESTING (Purpose of test): (Check all that apply for this submission)

HPAI Surveillance

- ☐ Infected Zone (0-3K)
☐ Required Weekly Test

- ☐ Buffer Zone (3-10K)
☐ Required Weekly Test

- ☐ Surveillance Zone (10-20k)
☐ Required Weekly Test

Regulatory Investigation

- ☐ Epidemiology Linked
☐ Sick Bird
☐ FADI # _____

Live Bird Market System (Avian Influenza)

- ☐ Production Unit (On Farm) – Moving to State of _____

☐ Pennsylvania AI Monitored Flock Program

National Poultry Improvement Plan (NPIP)

- ☐ US AI Clean (Breeders)
☐ US H5/H7 LPAI Monitored: (Non-Breeders)

- ☐ Export/Movement To: (State) _____
Date of Movement & Time: _____

Multiple Flock Submission Information & Swab Identification

Sample Source: T-Tracheal Swab, O-Oropharyngeal Swab, C-Cloacal Swab, E-Environmental Swab

Sample Bar Code or Tube #	Age	# of Swabs	Swab Source T, O, C	Species/Breed	House Flock ID	Production Type