LAB USE ONLY (Insert Barcode)

Submission Form for Poultry Serologic & PCR Testing
Meat-Type and Egg-Type Pullets and Breeding Chickens

Poultry Research & Diagnostic Laboratory
Shipping Address:
3137 Hwy 468 West
Pearl, MS 39208
Phone: (601) 420-4700

PLEASE COMPLETE <u>ALL</u> FIELDS OF THIS FORM

Company and farm details

Company name: _____ Company division: _____

Company address: _____

Farm name: _____ Premises ID: _____ House no.: _____

Flock details

Breed: _____ | Primary ☐ or Multiplier ☐ | Meat-type ☐ or Egg-type ☐

Pullets ☐ or Breeders ☐ or Spike males ☐ or Processing ☐

Date of hatch: _____ Age: _____ (days ☐ / weeks ☐)

No. of males in flock: _____ No. of females in flock: _____ Total birds in flock: _____

Samples submitted

No. of sera: _____ No. of swabs: _____

Tests requested

SEROLOGY

MG (NPIP MG Clean)	Primary breeders:	300 (Qualify) ☐	150 (Retain class) ☐	Other no.:
	Multiplier breeders:	150 (Qualify) ☐	75 (Retain class) ☐	Other no.:
MG (NPIP MG Monitored)	Multiplier breeders:	30 (Qualify) ☐	30 (Retain class) ☐	Other no.:
MS (NPIP MS Clean)	Primary breeders:	300 (Qualify) ☐	150 (Retain class) ☐	Other no.:
	Multiplier breeders:	150 (Qualify) ☐	75 (Retain class) ☐	Other no.:
MS (NPIP MS Monitored)	Multiplier breeders:	30 (Qualify) ☐	30 (Retain class) ☐	Other no.:
AI (NPIP AI Clean)	All breeders:	30 (Qualify) ☐	30 (Retain class) ☐	Other no.:
NDV	15 per house ☐	Other no.:		
IBV	15 per house ☐	Other no.:		
IBD	15 per house ☐	Other no.:		
REO	15 per house ☐	Other no.:		
CAV	15 per house ☐	Other no.:		

PCR

MG/MS* ☐ Comments / special requests: _____

*Unless otherwise requested, swabs for MG/MS PCR will be tested in pools of 5.

Authorization:

Signature of company representative: _____ Date: _____