

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 ALL FIELDS OF THIS FORM\*\*

<b><u>Company and farm details</u></b>			
Company name: _____		Company division: _____	
Company address: _____			
Farm name: _____		House no.: _____	
<b><u>Flock details</u></b>			
Breed: _____		Primary <input type="checkbox"/>	or Multiplier <input type="checkbox"/>
		Meat-type <input type="checkbox"/>	or Egg-type <input type="checkbox"/>
Pullets <input type="checkbox"/>	or Breeders <input type="checkbox"/>	or Spike males <input type="checkbox"/>	or Processing <input type="checkbox"/>
Date of hatch: _____		Age: _____ (days <input type="checkbox"/> / weeks <input type="checkbox"/> )	
No. of males in flock: _____		No. of females in flock: _____ Total birds in flock: _____	
<b><u>Samples submitted</u></b>			
No. of sera: _____		No. of swabs: _____	
<b><u>Tests requested</u></b>			
<b><u>SEROLOGY</u></b>			
MG (NPIP MG Clean)	Primary breeders:	300 (Qualify) <input type="checkbox"/>	150 (Retain class) <input type="checkbox"/> Other no.:
	Multiplier breeders:	150 (Qualify) <input type="checkbox"/>	75 (Retain class) <input type="checkbox"/> Other no.:
MG (NPIP MG Monitored)	Multiplier breeders:	30 (Qualify) <input type="checkbox"/>	30 (Retain class) <input type="checkbox"/> Other no.:
MS (NPIP MS Clean)	Primary breeders:	300 (Qualify) <input type="checkbox"/>	150 (Retain class) <input type="checkbox"/> Other no.:
	Multiplier breeders:	150 (Qualify) <input type="checkbox"/>	75 (Retain class) <input type="checkbox"/> Other no.:
MS (NPIP MS Monitored)	Multiplier breeders:	30 (Qualify) <input type="checkbox"/>	30 (Retain class) <input type="checkbox"/> Other no.:
AI (NPIP AI Clean)	All breeders:	30 (Qualify) <input type="checkbox"/>	30 (Retain class) <input type="checkbox"/> Other no.:
NDV	15 per house <input type="checkbox"/>	Other no.:	
IBV	15 per house <input type="checkbox"/>	Other no.:	
IBD	15 per house <input type="checkbox"/>	Other no.:	
REO	15 per house <input type="checkbox"/>	Other no.:	
CAV	15 per house <input type="checkbox"/>	Other no.:	
<b><u>PCR</u></b>			
MG/MS* <input type="checkbox"/>	Comments / special requests: _____		
<i>*Unless otherwise requested, swabs for MG/MS PCR will be tested in pools of 5.</i>			
<b><u>Authorization:</u></b>			
Signature of company representative: _____			Date: _____