

GPLN Laboratory Submission Form

Please fill out all required* fields

Date Collected*				Submitted By				Contact				Private Owner Only			
Company/Complex*				Hatchery				County				Name			
Grower*				House				Production Type (Circle)				Address			
Hatch Date				Flock No.				Broiler							
Specimen (Circle)				Species				Broiler Breeder		Breeder Pullet		Phone			
Air plates	Baby chicks	Birds (dead)		Sex				Commercial Layer		Commercial Pullet					
Birds (live)	Blood	Boot swabs		Age*				Egg Type Breeder		Egg Type Pullet		Email			
Chick fluff	Chick papers	Organs		Move Date (if applicable)				Farm capacity*				Species/Breed(s)			
Serum	Other: _____			High Priority?				No. Submitted*							
Swabs:	Tracheal	Cleft palate	OP	<input type="checkbox"/> Yes <input type="checkbox"/> No											
Breed/Cross				If yes, provide reason:								Age			
Tests Requested								Reason for Submission							
Serology (Circle)				Bacteriology (Circle)				Special Instructions or Comments							
ELISA:				Salmonella Culture		Salmonella SE PCR									
AI	MGMS	MG only	MS Only	Serotyping		Fungal Culture									
IBD-XR	IBV	NDV	REO	Clostridium Culture		Campylobacter Culture									
AE	CAV	IBD-IC		Identification/Susceptibility											
Other: _____				Quantification:											
HI:MG	HI:MS	AGID:AI	PT Tube	Coliform		E. Coli									
Virology (Circle)				TPC		Yeast & Mold									
PCR:				Necropsy and Histology (Circle)											
	MG/MS	AI	Coryza	Standard Necropsy		Histopathology									
	VLT	IBV													
				Internal Use Only:		International Samples		Permit Checked							