

GPLN Laboratory Submission Form

Please fill out all required* fields

Date Collected*				Submitted By				Contact				Private Owner Only											
Company/Complex*				Hatchery				County				State				Name							
Grower*				House				Production Type (Circle)								Address							
Hatch Date				Flock No.				Broiler															
Specimen (Circle)				Species				Broiler Breeder				Breeder Pullet											
Air plates		Baby chicks		Birds (dead)		Sex				Commercial Layer				Commercial Pullet				Phone					
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?															
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:				MG/MS		AI		Coryza		Necropsy and Histology (Circle)													
VLT		IBV		Standard Necropsy				Histopathology				Internal Use Only:				International Samples				Permit Checked			