

GPLN Laboratory submission form – Commercial poultry only

Please fill out all required* fields

Date collected*	Contact name* (please print)	Contact number*	Submitted by* (please print)	<i>Internal use only</i>
Company and complex*	Hatchery	County (farm location)	State	
	House	Production Type* (circle)		
Grower*	Flock no.	Broiler	Breeder spike male	
Age or hatch date*	Sex Male Female Both	Broiler breeder	Breeder pullet/cockerel	
Reason for submission*	Farm capacity	Commercial layer	Commercial layer pullet	
Special instructions or comments (use back if needed)	Move date (if applicable)	Egg-type breeder	Egg-type breeder pullet	
	High priority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide reason _____	Quail meat	Quail breeder	
		Species	Breed/cross	

Specimen* (circle)	Tests requested*					
Baby chicks BHI tubes Birds (dead) Birds (live) Blood Boot swabs Chick papers Organs Plates (any) Serum Other _____ Swabs: Tracheal Cleft palate OP Number submitted* (indicate numbers per specimen type)	Serology (circle, write number requested)			Bacteriology (circle)		
	ELISA: AI ___	MGMS___	MG only___	Salmonella culture	Salmonella SE PCR	
	IBD-XR___	IBV___	MS Only ___	Serotyping	Salmonella BAX PCR	
	NDV___	REO___	AE___	Clostridium culture	Fungal culture	
	CAV___	IBD-IC ___		ID/susceptibility		
	Other ELISA _____			Quantification:		
	AGID:AI ___	PT Tube ___	Coliform	E. coli	Salmonella	
	Virology (circle)			Yeast, mold	TPC	Campylobacter
	PCR: MG/MS	AI	Coryza	Necropsy and Histology (circle)		
	VLT	IBV	Other _____	Standard necropsy	Histopathology	