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)*

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? ■Yes ☐No

☐ Quail meat ☐ Quail breeder

If yes, provide reason _____

Species

Breed/cross

Internal use only

Specimen* *(circle)*

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)*

Internal use only *International samples* *Permit checked*

Tests requested*

Serology *(circle, write number requested)*

ELISA: AI ☐ MGMS ☐ MG only ☐

IBD-XR ☐ IBV ☐ MS Only ☐

NDV ☐ REO ☐ AE ☐

CAV ☐ IBD-IC ☐

Other ELISA _____

AGID:AI ☐ **PT Tube** ☐

Virology *(circle)*

PCR: MG/MS ☐ AI ☐ Coryza ☐

VLT ☐ IBV ☐ Other _____

Bacteriology *(circle)*

Salmonella culture ☐ **Salmonella SE PCR** ☐

Serotyping ☐ **Salmonella BAX PCR** ☐

Clostridium culture ☐ **Fungal culture** ☐

ID/susceptibility ☐

Quantification:

Coliform ☐ **E. coli** ☐ **Salmonella** ☐

Yeast, mold ☐ **TPC** ☐ **Campylobacter** ☐

Necropsy and Histology *(circle)*

☐ Standard necropsy ☐ Histopathology