

BAG # Commercial Poultry Incident Form Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
406 S University St
West Lafayette, IN 47907-2065
P: 765-494-7440 F: 765-494-9181

HEEKE ADDL - SIPAC
11367 E Purdue Farm Road
Dubois, IN 47527-9666
P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY

DELIVERED:

- UPS
- FedEx
- DHL
- USPS
- Exp Mail
- Drop-Off

ARRIVED:

- Chilled
- Frozen
- Room Temp
- Cold Pack
- Dry Ice
- None

CONDITION:

- Good
- Broken Jar
- Leaked
- BILLING:**
- Client
- USDA

PAGES _____

TUBES _____

INITIALS _____

DATE _____

COMPANY Name _____ Vet/Contact Person _____ Contact Phone _____	FLOCK INFORMATION Site/Farm/Unit _____ Flock #/ID _____ Age _____ day wk mo yr	ADDL BARCODE
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ADDITIONAL INFORMATION / HISTORY	Flock/Animal Premises ID# - REQUIRED (use barcode label) PREMISES ID BARCODE
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TEST(S) REQUESTED <input type="checkbox"/> Avian Influenza PCR <input type="checkbox"/> Newcastle Disease PCR Additional: _____	REASON FOR SUBMISSION <small>(only choose one)</small> <input type="checkbox"/> Mortality/Morbidity Event (GD) <input type="checkbox"/> Surveillance (S) <input type="checkbox"/> Post C&D (S) <input type="checkbox"/> Pre-Restocking (S) <input type="checkbox"/> Post-Restocking (S) <input type="checkbox"/> Permitted Movement (PM)(select loc.) <input type="checkbox"/> Into Control Area <input type="checkbox"/> Out of Control Area <input type="checkbox"/> Within Control Area <input type="checkbox"/> To/From Surveillance/Free Area <input type="checkbox"/> Traceback / Traceforward (T)	TYPE <input type="checkbox"/> Backyard <input type="checkbox"/> Layer <input type="checkbox"/> Breeder/Multiplier <input type="checkbox"/> Broiler/Meat <input type="checkbox"/> Wildlife <input type="checkbox"/> Other: _____	INCIDENT AREA/ZONE Premises State: _____ Incident ID/FADI #: _____ <input type="checkbox"/> Control Area (10 Km) <input type="checkbox"/> Free Area <input type="checkbox"/> Surveillance Zone (defined by BOAH) <input type="checkbox"/> Previously Infected Premises
		SPECIES <input type="checkbox"/> Chicken <input type="checkbox"/> Turkey <input type="checkbox"/> Duck <input type="checkbox"/> Other: _____	SAMPLE TYPE <input type="checkbox"/> Oropharyngeal Swabs <input type="checkbox"/> Cloacal Swabs <input type="checkbox"/> Environmental Swabs
		COLLECTION DATE ____ / ____ / ____	SAMPLE DESCRIPTION <input type="checkbox"/> 3mL BHI pool of 5 swabs <input type="checkbox"/> 5.5 mL BHI pool of 11 swabs <input type="checkbox"/> Samples have been pooled according to USDA guidelines

SAMPLE INFORMATION	# OF TUBES/BARN OR SAMPLE BARCODE	SAMPLE INFORMATION	# OF TUBES/BARN OR SAMPLE BARCODE
House/Barn ID: _____ If Post C&D, List Tube # OR Sample Site		House/Barn ID: _____ If Post C&D, List Tube # OR Sample Site	
House/Barn ID: _____ If Post C&D, List Tube # OR Sample Site		House/Barn ID: _____ If Post C&D, List Tube # OR Sample Site	
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The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Commercial Poultry Incident Form Pg. 2

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ADDL BARCODE
Flock/Animal Presmises ID# - REQUIRED (use barcode label)
PREMISES ID BARCODE

COMPANY	LOCATION	State _____
Name _____	Site/Farm/Unit _____	
Contact Phone _____	Flock #/ID _____	
Vet/Contact Person _____		

SAMPLES SUBMITTED CONTINUED

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