AVIAN ENVIRONMENTAL SUBMISSION FORM



BARRON

1521 E. Guy Ave. Barron, WI 54812-0097 PH: (800) 771-8387

Accession Label

www.wvdl.wisc.edu		FAA. (713)	449-3032					
E-mail form to: sub	missions@wvdl.wisc.ed	<u>du</u>						
OWNER*	COM	COMPANY / VETERINARIAN*						
Farm Name*	Name							
Address	Clinic							
City	Addre	Address*						
State*/Zip*		City*						
Premise ID		State* /Zip* Phone* FAX*						
Phone*	Phon							
FAX*	FAX*							
EMAIL*	EMAIL*							
 Per WVDL policy, all Salir requesting either test B o Per NPIP, we are require on Salmonella Culture Of 	r C below. d to fully serotype ALL	. Group D Salmoi	y Note: f serotyping nellas isolate	ed. Thus, i	essary f Grou	v, please p D Sali	e indicat	e so by s are isolated
ESTING REQUESTED: A. Salmonella Identification B. Salmonella Culture ONL	erotyping)	Date samples taken* Date samples shipped*						
C. Egg Rule Monitoring (SE		SPECIMENS SUBMITTED						
SOLATES SAVED?		☐ Chick Papers / Poult pads						
		☐ BPW Swabs NPIP Participat						
Would you like us to save a so, what serotype?		□ Booties				YES	NO	
pecific lab to send isolates to		□ Drag Swabs□ Hatchery Fluff				High Priority		
Provincials to solid isolates to:			Other:				YES NO	
pecimen Information	on		□ Other.	·			ILO	NO
Flock ID	<u>Location</u>	Species (chicken, turkey)	Sex male/female	Age days / weeks		<u> </u>	Shipping N	lotes:
L.					1.	Per NPIF	, samples	MUST be
2.					t	received	by the lab	within 5 days
<u> </u>					1			es received processed
							disclaimer.	
!.					2.	Please s	end by ove	rnight deliverv
5.				on ice packs in an insulated box				nsulated box
j.					1		via UPS or is recomme	Speedy with ended).
					3.	_		•
3.					If not shipping overnight, to ensure sample integrity please add double strength skim milk			

Authorizing Signature*

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10.

(Signature indicates that specimen(s) were collected by or under the supervision of the signing authorizer)

In Use: 10/10/24

during sample collection.

FM-CL-SUB-36