AVIAN ENVIRONMENTAL SUBMISSION FORM



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

Accession Label

E-mail form to: RCI		FAX: (715)	449-5052					
OWNER*	COMPANY / VETERINARIAN*							
Farm Name*	Name							
Address	Clinic							
City	Address*							
State*/Zip*		City*						
Premise ID	State* /Zip*							
Phone*	Phone* FAX* EMAIL*							
FAX*								
EMAIL*								
	or C below. ed to fully serotype ALI	_ Group D Salmo g requests, seroty	nellas isolato	ed. Thus, i completed	f Grou	ıp D Sa eported	ılmonella: d accordi	s are isolated
TESTING REQUESTED:		Date samples taken* Date samples shipped*						
 A. Salmonella Identification 			Date Sai	npies snip	opea			
B. Salmonella Culture ONL	Y (isolation, grouping)							
C. Egg Rule Monitoring (SI		SPECIMENS SUBMITTED						
ISOLATES SAVED?		☐ Chick Papers / Poult pads						
☐ Would you like us to save		BPW Swabs NPIP Participation						
If so, what serotype?							NO	
Specific lab to send isolates to		Drag SwabsHatchery FluffHigh Priority					iority	
		Other:						
Specimen Information	on			·			120	110
Flock ID	Location	Species (chicken, turkey)	Sex male/female	Age days / weeks			Shipping I	lotes:
1.					1.		IP, samples	
2.					İ			within 5 days les received
3.						after 5 d	days will be disclaimer.	processed
4.					2.			
5.					on ice packs in an insulated box			nsulated box
6.					with lid (via UPS or Speedy with tracking is recommended).			
7.					If not shipping overnight, to			
8.]	ensure sample integrity please add double strength skim milk		
9.]	during s	ample colle	ction.
10.					I			