



**OREGON
DEPARTMENT OF
AGRICULTURE**

26755 SW 95th
Wilsonville, OR 97070
Phone: 503-986-4686
Fax: 844-986-4688

**Animal Health Laboratory
Commercial submission form
*Poultry***

Lab use only:

Submitter:			Flock ID:		
Address:			House ID:		
City:	State:	Zip:	Location:	Age:	
Phone:	Fax:		Collected by:		
Email:			Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax		
Is this sample for export purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No			Collected date:	Submitted date:	
Destination:					

Confidentiality of all information related to these tests is requested:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature:
---	------------------------------	-----------------------------	------------

Tests requested: Tests to be performed on all samples. Use multiple submission forms for different sample groups.

<input type="checkbox"/> Avian influenza (<i>no charge</i>)	<input type="checkbox"/> <i>Salmonella Pullorum-Typhoid</i> (\$1.50/sample)	<input type="checkbox"/> Other:
<input type="checkbox"/> <i>Mycoplasma Gallisepticum</i> (\$3.20/sample)	<input type="checkbox"/> <i>Salmonella</i> FDA Culture (\$35/sample)	
<input type="checkbox"/> <i>Mycoplasma Synoviae</i> (\$3.20/sample)	<input type="checkbox"/> <i>Salmonella</i> (Group D) PCR (\$18/sample)	
	<input type="checkbox"/> <i>Salmonella</i> Culture (\$35/sample)	

Specimens submitted. Indicate number of each sample type:

_____ Blood, whole _____ Blood, serum _____ Egg _____ Swab (origin) _____ Other (origin) _____

Animal/Specimen information—Use Multiple Sample Form if necessary Sex: F=Female, M=Male Age: Y=Years, M=Months, W=Weeks, D=Days						
#	Animal/Specimen ID	Species	Sample Type	Sex	Age	<i>Lab use only</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						