



VETERINARY DIAGNOSTIC CENTER
Turkey Hatchery Submission Form

Office Use Only

FRM-VDC-020 3.0

Copies of this form are located in room 238 and on the NVDC's website.

Accession Number
Date Rec'd Case Coordinator Referral No.
Effective Date Review Date
06Dec2023 06Dec2024

Mailing Address: P.O. Box 82646
Lincoln, NE 68501-2646

Phone: (402) 472-1434

Delivery Address: 4040 East Campus Loop North
Lincoln, NE 68583-0907

E-mail: vdc2@unl.edu
https://vbms.unl.edu/nvdl

Client Information

Name: Client/Account No.:
Address: City: State: Zip:
Phone: Fax: Email:

Hatchery Information (required information)

Table with 4 columns: State Premise ID No., Hatchery Name, Hatch Date, Hatch No.

Sample Information (enter number of each) Check here if other forms are attached

Date Collected: Date Mailed/Submitted:
Serum / Blood Water Egg Shells Poult Truck
Resp. Swabs Fluff Hatch Papers Egg Truck
Meconium Boot Swabs Air Plates Vaccine
Dust samples Poult Pads
Note: Can pool up to 5 swabs per sample Other (specify):

Other Information:

Please indicate reason for AI PCR submission:

- Routine NPIP or Other Testing
Sick Bird/High Death Loss Testing
*** FAD number needed - contact USDA or NDA ***
Surveillance Zone Testing
Control Zone Name:
Secure Food Supply Plan Testing (Movement out of control zone)
Other:

Tests / Assays Requested (Indicate number)

Table with PCR (SE, SAL) and Counts (Environmental Sample Plate Count, Aerobic Colony Count, Mold/Yeast Colony Count)
CULTURE: Salmonella, Aerobic, Anaerobic
OTHER (specify):

SAL = PCR for Salmonella spp. detecting multiple serotypes

Name of Submitter: Contact Number: