



VETERINARY DIAGNOSTIC CENTER
Chicken Breeder Flock Submission Form

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Office Use Only

FRM-VDC-029 3.0

Form with fields: Accession Number, Date Rec'd, Case Coordinator, Referral No., Effective Date, Review Date

Client Information

Form with fields: Name, Client/Account No., Address, City, State, Zip, Phone, Fax, Email

Flock Information (required information)

Table with 5 columns: State Prem. ID No., NPIP Flock No., Farm Name, Barn No., Age / Sex / Genetics

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

Form with fields: Date Collected, Date Mailed/Submitted, Serum / Blood, Swabs (indicate type), Type, Boot swabs, Chick papers, Chicks

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 columns for ELISA (Chick Check, AE, CAV, IB, IBD, NDV, REO, PM, MG, MS, AI), PCR (MG/MS, NDV, AI, SE, SAL), SPA* (S. pullorum, MG, MS), AGID (AI), and Culture (Salmonella)

SAL = PCR for Sal spp. detecting multiple serotypes *SPA = serum plate antigen

OTHER (specify):

Name of Submitter: Contact Number: