

**Veterinary Diagnostic Center
Turkey Hatchery Submission Form**

Mailing Address: PO Box 82646

Lincoln NE 68501-2646

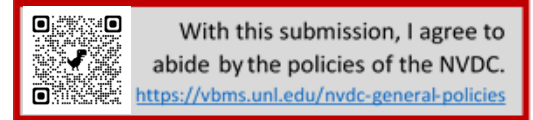
Delivery Address: 4040 East Campus Loop North

Phone: 402-472-1434

Email: vdc2@unl.edu

<https://vbms.unl.edu/nvdc>

Opened/Rec'd by:	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	
27Mar2024		27Mar2025	



Client Information

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

Hatchery Information (required information)

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	
Resp. Swabs		Fluff		Hatch Papers	
Meconium		Boot Swabs		Air Plates	
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)

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

SAL = PCR for Salmonella spp. detecting multiple serotypes

Name of Submitter: _____ Contact Number: _____