

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/>

Office Use Only

FRM-VDC-020 5.0

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
01Apr2025		01Apr2026



With this submission, I agree to abide by the policies of the NVDC.

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	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)

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: _____