

**Veterinary Diagnostic Center
Turkey Hatchery Submission Form**

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<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	
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: _____