

**Veterinary Diagnostic Center Chicken
Breeder Flock Submission Form**

Mailing Address: PO Box 82646
Lincoln NE 68501-2646

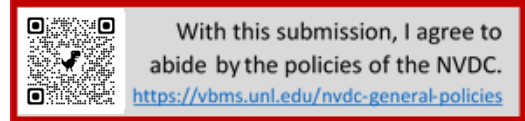
Delivery Address: 4040 East Campus Loop North
Lincoln NE 68583-0907

Phone: 402-472-1434

Email: vdc2@unl.edu

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

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:	

Flock Information (required information)

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 _____

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)

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

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

OTHER (specify):

Name of Submitter: _____ Contact Number: _____