

**Veterinary Diagnostic Center  
Turkey Flock Submission Form**

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

Office Use Only

FRM-VDC-019 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.	
<b>Effective Date</b>	<b>Review Date</b>		
<b>27Mar2024</b>	<b>27Mar2025</b>		



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

<https://vbms.unl.edu/nvdc-general-policies>

**Client Information**

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

**Flock Information** (required information)

State Premise ID No.	NPIP Flock No.	Farm No.	Farm Name	Barn No.

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

Date Collected:			Date Mailed/Submitted:		
Serum / Blood	Water	Eggs	Lung		
Resp. Swabs	Fluff	Hatch Papers	Liver		
Cloacal Swabs	Boot Swabs	Air Plates	Heart		
	Dust samples		Spleen		
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)

HI	MT	ELISA					
PMV3	S. pull	AE	AI	MG*	MS*	NDV	REO
PCR						OTHER (specify):	
AI*	MG/MS*	MM*	MI	NDV	SE*	SAL	
CULTURE			COUNTS				
Salmonella*	Aerobic	Anaerobic	Environmental Sample Plate Count	Aerobic Colony Count	Mold/Yeast Colony Count		

\*NPIP Protocol SAL = PCR for Sal spp. detecting multiple serotypes MT = Microtiter HI = Hemagglutination inhibition

Name of Submitter: \_\_\_\_\_ Contact Number: \_\_\_\_\_