

**Veterinary Diagnostic Center
Turkey Flock Submission Form**

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Lincoln NE 68583-0907

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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:	

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: _____