

OTHER NON-REGULATORY OR DIAGNOSTIC TESTING REQUIRES A SEPARATE SUBMISSION FORM
FOUND AT: <https://www.vdl.umn.edu/submission-guidelines/submission-forms-supplies>

COMMERCIAL Bacteriologic Testing – BAH/NPIP Submission Form

Submitter*: _____
Contact name: _____
Phone: _____ Email: _____
Farm name: _____
Farm address: _____
City: _____ State: _____ Zip: _____

OFFICE USE ONLY

PREM ID: _____
COUNTY: _____
ACC #: _____

__ Testing billable to
submitter; submission
does not meet
approved BAH testing.

ATTACH LABEL
FOR OFFICE USE ONLY

Affiliate (list codes): _____

* The SUBMITTER is the entity responsible for billing should it not fall under Board of Animal Health funded program testing.

FLOCK INFORMATION

Type of flock (select): ___ Egg-Type Chicken ___ Turkey
Flock ID: _____ Hatch date: _____
Hatched at: _____ Lay site: _____

SAMPLE INFORMATION

Collection date: _____
Collected by: _____
TA #: _____ Phone: _____

Sample Type (check all submitted)	Number of Samples
Environmental swabs/dust	
Hatchery debris (hatcher fluff)	
Environmental booties	
Pullorum reactor birds (list band numbers below)	
Other (list): _____	

Please note: Samples for official NPIP testing must be received at the MPTL within 7 days of collection. Samples received outside that window, will not be tested.

Sample Identification (or attach additional sheets if preferred):

Bag Number	Sample Identification	Hatch Date	Flock/Hatcher ID

NPIP TEST REQUEST

Select all that apply:

- Turkey Pre-Placement Testing (*U.S. Sanitation Monitored*)
- Turkey Hatchery Testing (*U.S. Sanitation Monitored*)
- Layer Salmonella Testing (*U.S. Salmonella Enteritidis Clean*)