

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

BAH/NPIP Submission Form for Serologic & Molecular Testing – WEGBY

Submitter*: _____
Contact Name: _____
Phone: _____ Email: _____
Farm Name: _____
Farm Address: _____
City: _____ State: ___ Zip: _____
Affiliate (list codes): _____

OFFICE USE ONLY
PREM ID: _____
COUNTY: _____
ACC #: _____
__ Testing billable to submitter; submission does not meet approved BAH testing.

ATTACH LABEL
FOR OFFICE USE ONLY

* 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): ___ Chicken ___ Turkey ___ Upland Gamebird ___ Waterfowl ___ Live Bird Market
___ Other (list): _____

SAMPLE INFORMATION

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

Sample Type (check all submitted)	Number of Birds Sampled	Number of Samples
Blood/Serum		
Tracheal Swab		
Cloacal Swab		
Eggs		
Other (list): _____		

Sample Identification (use back if more space needed):

Tube Number	Sample/Identification number	Species	Sex

NPIP TEST REQUEST

Select all that apply:

- ___ Annual Breeder Flock Test (U.S. Pullorum-Typhoid Clean)
- ___ Sale/Exhibition Test (U.S. Pullorum-Typhoid Clean)
- ___ Avian Influenza Testing (U.S. H5/H7 Avian Influenza Clean, U.S. H5/H7 Avian Influenza Monitored, or Live Bird Market)
- ___ Mycoplasma Testing (U.S. Mycoplasma gallisepticum (MG) and U.S. Mycoplasma synoviae (MS) Clean)
- ___ Pullorum-Typhoid Reactor Bird

