

Commercial Poultry Incident Form

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University
 406 S University St
 West Lafayette, IN 47907-2065
 P: 765-494-7440 F: 765-494-9181

HEEKE ADDL - SIPAC
 11367 E Purdue Farm Road
 Dubois, IN 47527-9666
 P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY # PAGES:

- | | | |
|-----------------------------------|------------------------------------|-------------------------------------|
| DELIVERED: | ARRIVED: | CONDITION: |
| <input type="checkbox"/> UPS | <input type="checkbox"/> Chilled | <input type="checkbox"/> Good |
| <input type="checkbox"/> FedEx | <input type="checkbox"/> Frozen | <input type="checkbox"/> Broken Jar |
| <input type="checkbox"/> DHL | <input type="checkbox"/> Room Temp | <input type="checkbox"/> Leaked |
| <input type="checkbox"/> USPS | <input type="checkbox"/> Cold Pack | BILLING: |
| <input type="checkbox"/> Exp Mail | <input type="checkbox"/> Dry Ice | <input type="checkbox"/> Client |
| <input type="checkbox"/> Drop-Off | <input type="checkbox"/> None | <input type="checkbox"/> USDA |

ADDL BARCODE

COMPANY

Name _____
 Vet/Contact Person _____
 Contact Phone _____

FLOCK INFORMATION

Site/Farm/Unit _____
 Flock #/ID _____
 Age _____ day wk mo yr

ADDITIONAL INFORMATION / HISTORY

Flock/Animal Premises ID# - REQUIRED
 (use barcode label)

PREMISES ID
BARCODE

TEST(S) REQUESTED

- Avian Influenza PCR Newcastle Disease PCR
 Additional: _____

REASON FOR SUBMISSION
 (only choose one)

- Mortality/Morbidity Event
 Surveillance
 Post C&D
 Pre-Restocking
 Post-Restocking
 Permitted Movement (choose location)
 Into Control Area
 Out of Control Area
 Within Control Area
 To/From Surveillance/Free Area
 Traceback / Traceforward

TYPE

- Backyard Layer
 Breeder/Multiplier
 Broiler/Meat Wildlife
 Other: _____

SPECIES

- Chicken Turkey
 Duck
 Other: _____

COLLECTION DATE

___ / ___ / ___

INCIDENT AREA/ZONE

- Premises State: _____ Incident ID/FADI #: _____
 Control Area (10 Km) Free Area
 Surveillance Zone (defined by BOAH) Previously Infected Premises

SAMPLE TYPE

- Oropharyngeal Swabs Cloacal Swabs Environmental Swabs

SAMPLE DESCRIPTION

- 3mL BHI pool of 5 swabs 5.5 mL BHI pool of 11 swabs
 Samples have been pooled according to USDA guidelines

SAMPLE INFORMATION	# OF TUBES/BARN OR SAMPLE BARCODE	SAMPLE INFORMATION	# OF TUBES/BARN OR SAMPLE BARCODE
House/Barn ID: _____ If Post C&D, List Tube # OR Sample Site		House/Barn ID: _____ If Post C&D, List Tube # OR Sample Site	
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The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Visit us at www.addl.purdue.edu

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ADDL BARCODE

Flock/Animal Presmises ID# - REQUIRED (use barcode label)

PREMISES ID BARCODE

COMPANY	LOCATION	State _____
Name _____	Site/Farm/Unit _____	
Contact Phone _____	Flock #/ID _____	
Vet/Contact Person _____		

SAMPLES SUBMITTED CONTINUED

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