

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

BAH/NPIP Monitoring Test Submission Form – COMMERCIAL POULTRY

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

OFFICE USE ONLY

PREM ID: _____
COUNTY: _____
ACC #: _____

__ All testing billable to
submitter – samples
submitted outside of
approved testing window.

ATTACH LABEL
FOR OFFICE USE ONLY

Processing Plant: Jennie-O Turkey Store (JOTS) Northern Pride Turkey Valley Farms
Legacy Turkey Pilgrims Other _____

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

FLOCK INFORMATION

Sex (select): Female Male Flock size: _____ Breed: _____ Age: _____
Flock ID/Barn ID: _____
Flock ID/Barn ID: _____
Vaccinated for influenza? Yes No

SAMPLE INFORMATION

Collection Date: _____
Processing/Movement Date: _____
Collected by: _____
TA #: _____ Phone: _____

Sample Type (check all submitted)	Number of Birds Sampled	Number of Samples
Serum		
Oropharyngeal (OP) Swab		
Bootie		
Other (list): _____		

NPIP TEST REQUEST - TURKEYS

Select one:

- Turkey Pre-Market Avian Influenza (AI) Testing
Turkey Breeder Monitoring – Mycoplasma gallisepticum (MG), Mycoplasma synoviae (MS), Mycoplasma meleagridis (MM), Avian Influenza (AI), and Salmonella.
- Check here to opt out of Mycoplasma meleagridis (MM) testing

NPIP TEST REQUEST - CHICKENS

Select one:

- Broiler Pre-Market Avian Influenza (AI) Testing
Broiler Breeder Monitoring – Mycoplasma gallisepticum, Mycoplasma synoviae, and Avian Influenza
Table-Egg Layer/Pullet Avian Influenza (AI) Monitoring
Table-Egg Layer Breeder Monitoring – Mycoplasma gallisepticum (MG), Mycoplasma synoviae (MS), Avian Influenza (AI), and Salmonella