



Oregon Department of Agriculture Animal Health Laboratory

COMMERCIAL SUBMISSION FORM (POULTRY)

Phone: (503) 986-4686
Fax: (844) 986-4688

635 Capitol St NE
Salem, OR 97301

Submitter:			Flock ID:		
Address:			House ID:		
City:	State:	Zip:	Location:		Age:
Phone:		Fax:	Collected By:		
Email:					
Reporting:	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	Collected: ____/____/____	Submitted: ____/____/____	
Is this sample for export purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No Destination:					
Confidentiality of all information related to these tests is requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Signature:					
Test Requested: (Tests to be performed on all samples—use multiple submission forms for different sample groups)					
Avian Influenza	<input type="checkbox"/> <i>Salmonella</i> Enteritidis	<input type="checkbox"/> <i>Salmonella</i> (Group D) PCR	<i>Salmonella Pullorum-Typhoid</i>		
<i>Mycoplasma Gallisepticum</i>	<input type="checkbox"/> <i>Salmonella</i> FDA	<input type="checkbox"/> <i>Salmonella</i> Culture	T O E T U A J O U		
<i>Mycoplasma Synoviae</i>	<input type="checkbox"/> Other		Other _____		
Specimens Submitted – Indicate number of each sample type					
___ Blood, Whole	___ Feces	___ Swab (origin)	_____		
___ Blood, Serum	___ Egg	___ Other (origin)	_____		

Animal/Specimen Information – Use Multiple Sample Form if necessary

Sex: F=Female, M=Male—Age: Y=Years, M=Months, W=Weeks, D=Days

#	Animal/Specimen ID	Species	Sample Type	Sex	Age	<i>Lab Use Only</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						