North Carolina Department of Agriculture & Consumer Services
Veterinary Division
Poultry Regulatory Programs Submission Form

For Laboratory Use Only

Billable Party:_____ Company/Owner (if separate):_____

Address:_____ City:_____ State:_____ Zip:_____

Email:_____ Phone #:_____ County:_____

Flock Information

Farm Name:_____ Flock ID (#):_____ House #(s):_____

Federal Premise ID: ___ ___ ___ ___ ___ ___ ___ State Premises ID: ___ ___ ___ ___ ___ ___ ___ ___ ___

Age: _____Weeks _____ Days Total Birds in Flock: _____

Regulatory Reporting Information

Purpose of Test (choose ONE):

☐ NPIP Qualifying ☐ NPIP Monitoring ☐ Exhibition Entry Testing

☐ NPIP Pre-movement / Anticipated Move Date: ____/____/_____ ☐ LBMS Production Facility Testing / Anticipated Move Date: ____/____/_____

☐ Shelter Surveillance ☐ HPAI/ Newcastle Outbreak Surveillance ☐ Other (consider using General Submission Form)

NPIP Flock Sub-Part/Category (choose ONE, if applicable):

☐ C. Meat-Type Chicken; Multiplier Breeder ☐ D. Turkey Breeder ☐ E. Backyard ☐ E. Waterfowl (raised-for-release)

☐ F. Ratites ☐ H. Meat-Type Chicken; Primary Breeder ☐ J. Upland Game Birds

☐ 6B. Egg-Type Chicken ☐ 6C. Broiler ☐ 6D. Meat Turkey

Bloodwork Test Requests:

Date Bled ____/____/_____

Agglut. Assay Requests/ # Samples to Test: ☐ Salm. pullorum (Tube) _____ ☐ Salm. pullorum (Plate)* ☐ Salm. pullorum (Plate) backyard*

ELISA Requests/ # Samples to Test: ☐ MG _____ ☐ MS _____ ☐ MM _____ ☐ AI _____

AGID Requests/ # Samples to Test: ☐ AI _____ eggs _____ tubes

* Option reserved for NC NPIP Authorized Testing Agents only. Results recorded on page 2 of 2.

Titer Requests: ☐ IBV ☐ IBD ☐ NDV ☐ REO ☐ CAV ☐ AE ☐ aMPV ***# Samples to Test:*** _____

Additional Test Requests: _____

PCR Requests:

Date Collected ____/____/_____

☐ AI ☐ MG ☐ MS ☐ IBV ☐ ILT ☐ NDV ☐ aMPV

pools _____ # swabs per pool _____

Salmonella Culture Requests:

Date Collected ____/____/_____

Samples to Test: _____ environ. _____ tissue

Additional Test Requests: _____

Inspector's Remarks:

Laboratory Remarks:

Collector/Inspector Name (Print) ***Date Submitted***

Laboratory Technician ***Date***

National Poultry Improvement Plan: Salmonella Pullorum Plate Agglutination Assay Report

Male Source(s)_____

Female Source(s)_____

GUIDANCE

If birds from multiple flocks are being tested on one submission (e.g. billing party = exhibition sponsor), complete only the bolded portions of the chart to the right. Identifying male and female sources is not required in this scenario.

	Number of Breeders in Flock	Number Tested	Number of Reactors
Male			
Female			
Total Birds			

Antigen: **Manufacturer** _____ **Serial No.** _____

Band Numbers: **Female**

Male

Remarks_____

_____

_____

_____

_____ _____

Signature of NC NPIP Authorized Testing Agent Date

Invoice/Result Delivery

Your invoice will be mailed to the physical address provided in the Billable Party information on page 1 of this submission form. You may choose to utilize physical mail, email (with signed waiver), or our online portal system for receipt of results. Should you choose one of the latter electronic options for receipt of results, your invoice will be made available via this platform as well.

Result Delivery Preference (Choose ONE): ☐ Physical Mail ☐ Email ☐ Online Portal

Payment Agreement

This submission is a legal binding contract between NCVDLS and the Billable Party. All fees incurred are the responsibility of the Billable Party. Please be aware that late invoice payments could impact eligibility for Subpart E NPIP renewal. By signing below, I attest that the Billable Party information on page 1 of this submission form is complete and accurate.

_____ _____ _____

Billable Party Representative Name (Print) Billable Party Representative Signature Date