

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

Titer Requests: IBV IBD APMV-1 REO CAV AE # Samples to Test: _____

Additional Test Requests: _____

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

PCR Requests:

Date Collected ___/___/___

AI MG MS IBV ILT APMV-1

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 NCV DLS 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