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OMB Approved
0579-0007
Exp.: XX/XXXX

This report is required by Regulations (9 CFR Part 145). Failure to report will hinder investigation of disease to determine origin of the infection.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
AMES, IOWA 50010

INSTRUCTIONS: Use a separate request for each flock or herd problem. All cultures from the same flock or herd problem should be on one request. **Items 17, 18, 19, 20- to be completed by the NVSL.** Submit the original and first copy of this request to the NVSL; keep the last copy for your records.

REQUEST FOR SALMONELLA SEROTYPING

1. NAME AND MAILING ADDRESS OF HERD/FLOCK OWNER (Include ZIP Code)	2. LAB CODE	3. ACCESSION NO/REFERRAL NO.
	4. SOURCE ANIMAL	5. ORIGINAL NO. IN HERD/FLOCK
	6. NO. IN HERD/FLOCK AFFECTED	7. NO. IN HERD/FLOCK DEAD

8. AGE GROUP ("X" one)

Prenatal
 Newborn
 Immature
 Mature
 Mixed Ages
 Not Applicable

9. CINICAL ROLE ("X" one)

Primary Infection
 Secondary Infection
 Monitor Sample
 Environmental
 Feeds
 Research
 Other

10. BACTERIAL TYPING ("X" one)

Salmonella
 Arizona

11. POULTRY SPECIMENS ONLY

A. NAME AND MAILING ADDRESS OF HATCHERY (Include ZIP Code)	B. SPECIMEN SOURCE ("X" one)	
	<input type="checkbox"/> Primary Breeding Flock	<input type="checkbox"/> Commercial Flock
	<input type="checkbox"/> Multiplier Breeding Flock	<input type="checkbox"/> Other
	C. TYPE ("X" one)	
	<input type="checkbox"/> Egg Type Chicken	<input type="checkbox"/> Turkeys
	<input type="checkbox"/> Meat Type Chicken	<input type="checkbox"/> Waterfowl, Exhibition Poultry, and Game Birds

12. SPECIMEN CULTURED	13. CULTURE NO.	14. O GROUP	18. SEROTYPE
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			

15. SUBMITTED BY (Name and Title)	16. TELEPHONE NUMBER	17. DATE SUBMITTED	18. SEROTYPED BY
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19. ACCESSION NO.	20. RECEIVED BY
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