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OMB Approved
0579-0007
EXP: XX/XXXX

This report is required by Regulation 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 POULTRY IMPROVEMENT PLAN

**REPORT OF SALMONELLA ISOLATIONS TO NPIP
OFFICIAL STATE AGENCIES**

*(This report is issued as an aid to the detection of sources of Salmonella infections
but does not imply responsibility or liability for the infection)*

1. LABORATORY ACCESSION NO.

2. NAME AND LOCATION OF STOCK

3. BREED, VARIETY, OR CROSS

4. INTENDED USE OF FLOCK

Breeding Non-breeding

5. PERSON SUBMITTING SPECIMENS

6. DATE OF SUBMISSION

7. REPORTED HATCHERY SOURCE

SPECIMENS SUBMITTED

8. NO OF CHICKENS

9. NO. OF TURKEYS

10. NAME AND NO. OF OTHER SPECIES

11. APPROXIMATE AGE

12. ISOLATIONS Pullorum
 Typhoid Paraphold

13. SPECIFY OTHER SEROTYPE

14. REMARKS *(Include any information which may aid in determining the source of infection)*

15. NAME AND ADDRESS OF DIAGNOSTIC LABORATORY *(Include ZIP Code)*

16. REPORT SUBMITTED BY

17. DATE REPORT SUBMITTED