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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  
 Typhoid  Pullorum  
 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