

## U of A Division of Agriculture - Veterinary Diagnostic Laboratory

United States Department of Agriculture Animal and Plant Health Inspection Service National Poultry Improvement Plan Flock Testing Report	<b>Check all that apply:</b> <input type="checkbox"/> Egg Type Chicken <input type="checkbox"/> Meat Type Chicken <input type="checkbox"/> Turkeys <input type="checkbox"/> Waterfowl/Exhibition/Game birds <input type="checkbox"/> Ostriches <input type="checkbox"/> Other	<input type="checkbox"/> Primary <input type="checkbox"/> Multiplier  <input type="checkbox"/> Certification <input type="checkbox"/> Re-Certification <input type="checkbox"/> Export	<b>Classifications</b> <input type="checkbox"/> Sanitation Monitored <input type="checkbox"/> MG Monitored <input type="checkbox"/> MS Monitored <input type="checkbox"/> Sal Monitored <input type="checkbox"/> AI Monitored <input type="checkbox"/> Other (specify)	<input type="checkbox"/> SE Clean <input type="checkbox"/> PT Clean <input type="checkbox"/> MS Clean <input type="checkbox"/> MG Clean <input type="checkbox"/> AI Clean <input type="checkbox"/> MM Clean	U of A Division of Agriculture Veterinary Diagnostic Laboratory 2200 W. Deane St., Fayetteville, AR 72703 Phone (479) 575-4827 Fax (479) 575-4832 Case #:
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<b>Name and Address of Flock</b>	<b>Date of Preceding Test - This Location</b>
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<b>Approval Number</b>
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<b>Date Blood Pulled</b>	<b>Date of Slaughter</b>
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<b>Grower/Farm ID</b>	<b>Flock ID Code</b>	<b>Age of Birds</b>
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<b>Location (Nearest City)</b>	<b>Total birds in Flock</b>	<b>Date of Hatch</b>
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<b>Number/Source of Males</b>	<b>Number/Source of Females</b>	<b>Breed, Variety, Strain</b>
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Blood/Serology	# of Male Samples	# of Female Samples	Total Tested	Reactors	Laboratory Findings
Sal. pullorum					
Sal. typhimurium					
M. gallisepticum					
M. synoviae					
M. meleagridis					
Avian Influenza					
Influenza A Antigen					
Other (Specify)					

Signature of Collector/Owner/Company Representative: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Inspector/Authorized Agent/Laboratory Agent: \_\_\_\_\_ Date \_\_\_\_\_

Agreement of Flock Owner: I agree to keep my poultry segregated from other poultry and in accordance with the provisions of the Plan and regulations of the Official State Agency. I further agree to inspections by a representative of the Official State Agency as prescribed by the provisions and regulations.