

Sample Submission Form

Poultry Health Services Laboratory
North Carolina State University
College of Veterinary Medicine
Raleigh, NC 27606

*Instructions: Please provide as much information as possible. Avoid using non-standard abbreviations.
Contact Dr. Martin at (919) 513-6330 or Paula Jay at (919) 513-6574 if you have any questions.*

Company name: _____

Address: _____

Contact Person: _____ **Phone #** _____

e-mail : _____

Billing address or Account #: _____

Species: Chicken: Breeder _____ Layer _____ Broiler _____

Turkeys: Breeder _____ Meat _____ Other (specify) _____

Flock Identification: Farm name/Number: _____

History: _____

Sample and tests requested:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____