

2014

## Sample Submission Form

Poultry Health Services Laboratory  
North Carolina State University  
College of Veterinary Medicine  
Raleigh, NC 27607

*Instructions: Please provide as much information as possible. Avoid using non-standard abbreviations.  
Contact Dr. Martin at (919) 218-5143 or Jennifer Strickland 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. \_\_\_\_\_