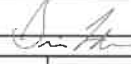


University of Delaware Poultry Health System			
Document Title: Non-Commercial Poultry/ Non-Commercial Avian Accession Form			
Author: <b>UDPHS Staff</b>		Document Number: UDPD064-UDPHS-5	
Page 1 of 2		Supersedes: UDPD064-UDPHS-4	
Effective Date: 5/28/2024		Approved: 5/22/2024 	
Univ. of DE/ Lasher Lab 16483 County Seat Hwy Georgetown, DE 19947 Phone: 302-856-7303 Fax: 302-856-1994	Univ. of DE/ Allen Lab 601 Sincock Lane Newark, DE 19716 Phone: 302-831-2524 Fax: 302-831-2822	ATTACH UDPHS LABEL ONLY HERE	
Owner Name:		Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Other:	Federal Premise ID:
Email Address For Reports:		Address Where Bird Lives/Found:	
Phone Number:			
Type Of Bird:		Age Of Submission:	Date Of Death:
Clinical Signs (Symptoms):			How Long Have The Birds Been Sick?
Any Treatments Given To This Bird Or Others In The Flock?		Vaccines Or Wormers Administered?	
Any Other Sick Birds In Your Flock At This Time? How Many?		Number Of Birds In Your Flock That Have Died In The Past 3 Months?	
Number Submitted Alive:	Number Submitted Dead:	Number Of Birds In The Flock:	
Delivered By: & Phone:		Send Invoice to: <input type="checkbox"/> Owner <input type="checkbox"/> DDA <input type="checkbox"/> Other:	
<b>Sample Information</b>			
<input type="checkbox"/> Died <input type="checkbox"/> Euthanized _____ (METHOD)		<input type="checkbox"/> Submitted Alive <input type="checkbox"/> Only Submitted _____ For Euthanasia                      Samples                      (DATE COLLECTED)	
Collection Location: <input type="checkbox"/> Farm <input type="checkbox"/> Laboratory <input type="checkbox"/> Market <input type="checkbox"/> Other: _____			
Production Class: <input type="checkbox"/> Unknown <input type="checkbox"/> Companion <input type="checkbox"/> Human Consumption <input type="checkbox"/> Other: _____			
Reason for testing request: <input type="checkbox"/> General Diagnostics/Illness/Death <input type="checkbox"/> Movement <input type="checkbox"/> NPIP <input type="checkbox"/> Exhibition/show <input type="checkbox"/> Auction <input type="checkbox"/> Random BYF <input type="checkbox"/> FAD Surveillance <input type="checkbox"/> FAD Investigation <input type="checkbox"/> Other: _____			
Type Of Sample (Number Of Each): <input type="checkbox"/> Carcass (____) <input type="checkbox"/> OP Swab (____) <input type="checkbox"/> Tracheal Swab (____) <input type="checkbox"/> Cloacal Swab (____) <input type="checkbox"/> Other: _____ (____)			
Sample IDs:			

