

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	Check all that apply: <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	Classifications <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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Name and Address of Flock	Date of Preceding Test - This Location
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Approval Number

Date Blood Pulled	Date of Slaughter
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Grower/Farm ID	Flock ID Code	Age of Birds
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Location (Nearest City)	Total birds in Flock	Date of Hatch
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Number/Source of Males	Number/Source of Females	Breed, Variety, Strain
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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.