VIRGINIA TECH
ANIMAL LABORATORY SERVICES
245 Duckpond Drive
Blacksburg, VA 24061
540.231.4320
https://vitals.vetmed.vt.edu/

Virginia-Maryland Regional College of Veterinary Medicine

DELIVERY METHOD

☐ FEDEX ☐ US POSTAL SERVICE
☐ UPS ☐ COURIER *(Specify Clinic)*
☐ MESSENGER (*Specify*)
Specify:_____

NAHLN Test Submission Form

VETERINARIAN INFORMATION	OWNER INFORMATION
Veterinarian: _____	Herd/Flock Owner: _____
Clinic: _____	Owner Address: _____
Address: _____	Owner City/State: _____
City, State, Zip: _____	Owner Phone #: _____
Phone/Fax: _____	Premises ID: _____
E-Mail: _____	

Flock/Herd Information: # in Group: _____ # Affected: _____ # Dead: _____

PURPOSE OF TEST (*Required*)

☐ GENERAL DIAGNOSTICS ☐ PUBLIC HEALTH INVESTIGATION ☐ NATIONAL POULTRY IMRPOVEMENT PROGRAM
☐ FAD DIAGNOSTICS ☐ HIGH RISK WILDLIFE ☐ DIAGNOSTIC SICK ANIMAL SURVEILLANCE
☐ HEALTH MONITORING ☐ INTERSTATE MOVEMENT ☐ US TERRITORY ENHANCED SURVEILLANCE
☐ SURVEILLANCE ☐ SURVEILLANCE, NATIONAL ☐ CONCENTRATION POINT TARGETED SURVEILLANCE
☐ IMPORT ☐ TRACEBACK ☐ OTHER: _____
☐ LIVE BIRD MARKET ☐ PUBLIC HEALTH INVESTIGATION **AI-A FAD/Referral Number**: _____

SPECIES OR SOURCE (*Required*)			HISTORY
☐ CATTLE	☐ CHICKEN	☐ OTHER BIRD *(Specify)*	
☐ GOAT	☐ TURKEY	☐ ENVIRONMENT *(Specify)*	
☐ SHEEP	☐ DUCK	☐ OTHER (*Specify):*	
☐ SWINE	☐ RED JUNGLEFOWL	_____	

ANIMAL IDENTIFICATION (*Required*)

COLLECTION DATE/TIME: _____ SAMPLE TYPE/SOURCE: _____ TEST REQUESTED: _____

LAB USE ONLY	SAMPLE #	ANIMAL ID	SEX	AGE/DOB	ADDITIONAL COMMENTS
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

Approved Tests: CSF, ASF, FMD, IAV-A, APMV-1