

Date Sent: _____

Via: _____

(Mail, FedEx, UPS, Courier, etc.)

FOR AIV PCR TESTING ONLY

Samples must be received by Wednesday at noon.

Only one species (bovine/avian) per submission form.

All fields required. Samples may be rejected if paperwork is incomplete.

IDAHO **Animal Health**
Diagnostic
Laboratory
STATE DEPARTMENT
OF AGRICULTURE
2300 Old Penitentiary Rd
Boise ID 83712
Phone: 208-332-8570 Fax: 208-334-4619
Emails: ahl@isda.idaho.gov aiv@isda.idaho.gov

Lab Use Only

Accession # _____

of Samples _____

Lab: **Molecular AIV**

Veterinarian Name _____
Clinic Name _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Email _____

Owner Name _____
Owner City, State, Zip _____
Flock/Dairy Name _____
Flock/Dairy Prem ID _____
Flock/Dairy Address, County, State _____
FAD # (if applicable) _____

Purpose of Submission (select one):
☐ Surveillance ☐ FAD Diagnostic
☐ Sale/Pre-Movement ☐ Research
☐ Routine NPIP Other (e.g., fair, sick, etc.) _____

Collection Date: _____
Collected By (if not submitting veterinarian): _____

History/Comments: _____

Raw milk must be less than 5 days old. Swabs must be less than 3 days old.

Lab Use	Official Animal ID/Name/#	Other ID (e.g., tank, time, tag, etc.)	Bovine Submissions	Avian Submissions
			Raw Milk Only (no preservatives added) ☐ Individual Animal Sample ☐ Bulk Tank Sample	Swab Only; Type: ☐ CL ☐ TR/OP ☐ BHI ☐ MTM Pooled In-Field? ☐ No ☐ Yes, # of birds _____
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Continuation Sheet

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