

To be completed at CRL:

Accession No: _____

Date Received: _____

CHICK CHALLENGE SUBMISSION FORM
PLEASE ATTACH A COPY OF THIS FORM TO THE CONTAINER IN WHICH THE EGGS/CHICKS ARE SHIPPED

<p>Send results to:</p> <p>FIRM: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>ATTN: _____</p> <p>TEL: _____</p> <p>FAX: _____</p> <p>EMAIL: _____</p> <p>U.S. POST (TO ABOVE ADDRESS): _____</p>	<p>Bill to:</p> <p>FIRM: _____</p> <p>ADDRESS: _____</p> <p>_____</p> <p>ATTN: _____ TEL: _____</p> <p>_____</p> <p>_____</p> <p>INVOICE REMARKS (will appear on invoice): _____</p>
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To the best of my knowledge, these eggs/chicks have not been inoculated with any infectious agents which might pose a threat to human health.

Signed: _____ Date: _____

DATE SHIPPED: _____ Sent From: _____

ADDRESS: _____

Are these eggs/chicks individually identified? YES NO If Yes, how are they marked? _____

Group and/or Flock ID	Quantity	Breed	Lay Date	Comments
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL INFORMATION ON FOLLOWING PAGE(S)

Challenge Strain (select ALL THAT APPLY): AL2 IBD-STD DE- E OTHER (INDICATE BELOW)

Additional Services:

SEROLOGY PCR BASIC HISTOPATHOLOGY

OTHER: _____

Comments/Animal History : _____

Is the Breeder Vaccination Program Attached? YES NO

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Instructions for Completing the Chick Challenge Submission Form

Live animals for Chick Challenge must be scheduled with the Diagnostic Laboratory. Please contact our Technical Assistance Department at (800) 772-3271 prior to shipping.

Write the firm and contact information for the person we should **Send Results To**. Indicate your **preferred method** for results communication by checking the appropriate box for fax, email, or U.S. Postal Service. If additional result reporting is required please provide information on separate sheet.

Write the appropriate **Bill To** information for the **person/department to receive invoices**. Provide a **Purchase Order Number or credit card** information. For credit card payment, include card number, type (i.e., VISA, MC), expiration date, and name on card. **Invoice Remarks** will appear on the invoice. It may be used for your internal billing purposes.

Sign and Date where indicated to verify biohazard status.

Indicate the **date shipped**. Please record all dates in the form MM/DD/YY. Identify the address and description of the location that the eggs/chicks are **sent from**.

Indicate whether or not the eggs/chicks are **individually identified**. If chick challenge results are to be associated with an entire unit (complex, flock, hatchery, etc) rather than with a single individual animal, individual identification is generally not necessary. If "NO" is checked, eggs/chicks will still be identified by any group ID information noted, and animals within a set or group will be sequentially numbered. If individual animal IDs are used, indicate how the animals are marked (i.e., stamp, wing band, crate labels, etc.).

Indicate whether or not these animals are **immunodeficient**.

Identify the eggs/chicks to which the form pertains. Use one form per species, please. If eggs/chicks are grouped, provide **group ID** and indicate the **quantity** in the group. If eggs/chicks are individually identified, provide **animal ID** and "quantity=1" on each line. If no information is given, eggs/chicks will be sequentially numbered. If this form pertains to a group of eggs/chicks that will be shipped in more than one container, attach a copy of the form to each container. If IDs are used, eggs/chicks must be clearly labeled to ensure proper identification. Labeling information may be provided in the comments field, or attach separate information.

Breed, Hatch/Lay Date, and Sex are optional fields. Additional information (such as weight) may also be added, and every attempt will be made to ensure that the information appears on the report. **Comments** may be added in the fields provided here, or more general group comments may be added in the **Comments/Animal History** section. If additional space is needed, attach additional page(s), such as a sample information-continued page (page 2), and **check the box to signify that additional page(s) are attached**. Indicate the **total quantity** of eggs being submitted for this accession (one accession per form, including any supplemental pages).

Select one **protocol**. See the catalog or web site for protocol descriptions, or contact the laboratory (1-800-772-3271) for more information. The selected protocol will be applied to all eggs/chicks on this accession number. **Additional services** may be added to some or all eggs/chicks by selecting the appropriate services. Services will be applied to all eggs/chicks unless otherwise indicated.



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