

Public reporting burden for this collection of information is estimated to average .066 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This report is required by Regulations (9 CFR 145). Failure to report will hinder investigation of disease to determine origin of the infection.

FORM APPROVED: OMB NO. 0579-0007

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL VETERINARY SERVICES LABORATORIES  
AMES, IOWA 50010

**INSTRUCTIONS:** Use a separate request for each flock or herd problem. All cultures from the same flock or herd problem should be on one request. **Items 17, 18, 19, 20 - to be completed by the NVSL.**

**REQUEST FOR SALMONELLA SEROTYPING**

1. NAME AND MAILING ADDRESS OF HERD/FLOCK OWNER (Include Zip Code)	2. LAB CODE	3. ACCESSION NO./REFERRAL NO.
	4. SOURCE ANIMAL	5. ORIGINAL NO. IN HERD/FLOCK
	6. NO. IN HERD/FLOCK AFFECTED	7. NO. IN HERD/FLOCK DEAD

8. AGE GROUP ("X" one)

Prenatal     
  Newborn     
  Immature     
  Mature     
  Mixed Ages     
  Not Applicable

9. CLINICAL ROLE ("X" one)

Primary Infection   
  Secondary Infection   
  Monitor Sample   
  Environmental   
  Feeds   
  Research   
  Other

10. BACTERIAL TYPING ("X" one)

Salmonella     
  Arizona     
  Other (specify)

**11. POULTRY SPECIMENS ONLY**

A. NAME AND ADDRESS OF HATCHERY (Include Zip Code)	B. SPECIMEN SOURCE ("X" one)	
	<input type="checkbox"/> Primary Breeding Flock <input type="checkbox"/> Multiplier Breeding Flock	<input type="checkbox"/> Commercial Flock <input type="checkbox"/> Other
	C. TYPE ("X" one)	
	<input type="checkbox"/> Egg Type Chicken <input type="checkbox"/> Meat Type Chicken	<input type="checkbox"/> Turkeys <input type="checkbox"/> Waterfowl, Exhibition Poultry and Game Birds

12. SPECIMEN CULTURED	13. CULTURE NO.	14. O GROUP	17. SEROTYPE
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			

15. SUBMITTED BY (Name and Title)	16. DATE SUBMITTED	18. SEROTYPED BY
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19. ACCESSION NO.	20. RECEIVED BY
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**VS FORM 10-3  
(JUL 92)**

Replaces APHIS Form 8003 which may be used.