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OMB Approved
0579-0007
EXP: 02/2022

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
AMES, IA 50010**

REQUEST FOR SALMONELLA SEROTYPING

| | | |
|--|----------------------|---------------------|
| 1. SUBMITTER <i>(business name and name of individual contact)</i> | 2. NVSL SUBMITTER ID | 3. HERD/FLOCK OWNER |
| EMAIL ADDRESS | | OWNER CITY & STATE |
| PHONE NO. | FAX NO. | |
| SUBMITTER ADDRESS <i>(street, city, state, ZIP code)</i> | | |
| PREMISES ID | | |

| | | |
|--|--|------------------------------|
| 4. EXAMINATIONS REQUESTED <input type="checkbox"/> SEROTYPING <input type="checkbox"/> PHAGETYPING <input type="checkbox"/> PFGE <input type="checkbox"/> SE RULE OUT <input type="checkbox"/> OTHER <i>(specify in Block 15)</i> | 5. NATIONAL POULTRY IMPROVEMENT PLAN (NPIP) <input type="checkbox"/> YES | 6. ACCESSION/REFERRAL NUMBER |
|--|--|------------------------------|

| | | |
|--|--|--|
| 7. PAYMENT METHOD | | |
| <input type="checkbox"/> USER FEE ACCOUNT NUMBER | <input type="checkbox"/> CHECK/MONEY ORDER <i>(enclosed, payable to USDA in U.S. dollars)</i> | <input type="checkbox"/> CREDIT CARD <i>(number and expiration date)</i> |

| | | | | | | |
|---------------------------------|---|--|---|--|---|--|
| 8. SPECIES OR SOURCE | | | | | | |
| <input type="checkbox"/> Cattle | <input type="checkbox"/> Goat | <input type="checkbox"/> Chicken | <input type="checkbox"/> Zoo <i>(specify)</i> | <input type="checkbox"/> Food <i>(specify)</i> | <input type="checkbox"/> Other <i>(specify)</i> | |
| <input type="checkbox"/> Swine | <input type="checkbox"/> Horse | <input type="checkbox"/> Turkey | <input type="checkbox"/> Wildlife <i>(specify)</i> | <input type="checkbox"/> Foodstuffs | | |
| <input type="checkbox"/> Sheep | <input type="checkbox"/> Reptile <i>(specify)</i> | <input type="checkbox"/> Other Bird <i>(specify)</i> | <input type="checkbox"/> Environment <i>(specify)</i> | <input type="checkbox"/> Egg Pool | Additional Description / Specification: | |

| | |
|------------------------------------|--|
| 9. CLINICAL ROLE | |
| <input type="checkbox"/> INFECTION | <input type="checkbox"/> MONITOR/ENVIRONMENT <input type="checkbox"/> RESEARCH <input type="checkbox"/> OTHER <i>(specify)</i> |

| 10. SPECIMEN CULTURED | 11. CULTURE NO. | 12. O GROUP | 13. SEROTYPE | 14. PHAGE TYPE |
|-----------------------|-----------------|-------------|--------------|----------------|
| A. | | | | |
| B. | | | | |
| C. | | | | |
| D. | | | | |
| E. | | | | |
| F. | | | | |
| G. | | | | |
| H. | | | | |
| I. | | | | |
| J. | | | | |

| | |
|-------------------------------------|--|
| 15. COMMENTS / SPECIAL INSTRUCTIONS | |
| | |

| | | |
|--|--------------------|--------------------------|
| 16. SUBMITTED BY <i>(name and title)</i> | 17. DATE SUBMITTED | NVSL ACCESSION NO |
| SEROTYPED BY: | (NVSL USE ONLY) | |

VS FORM 10-3 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner.

1. SUBMITTER CONTACT INFORMATION

Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, clearly indicate special instructions.

2. NVSL SUBMITTER ID

For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

3. OWNER INFORMATION

Enter the complete name, city, and state of the herd/flock owner. Ensure the animal owner is identified here and not the property manager or veterinarian. If a National Animal Identification System premises ID number has been assigned to the location of the animals, it may be entered.

4. EXAMINATIONS REQUESTED

Indicate the type of examination requested.

5. NATIONAL POULTRY IMPROVEMENT PLAN

Check the indicated box if the samples are being submitted as part of the National Poultry Improvement Plan (NPIP).

6. ACCESSION/REFERRAL NUMBER

This number is typically assigned by the submitter and is used for the submitter's own reference.

7. PAYMENT METHOD

If the requested testing is billable, check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at www.aphis.usda.gov/animal_health/lab_info_services/diagnos_tests.shtml, for specific test fees and a list of accepted credit cards. **DO NOT SEND CASH.**

8. SPECIES OR SOURCE

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-3 for each source. Space is provided at the right side of this field to add detailed information when a general source category is selected and additional specification is requested.

9. CLINICAL ROLE

10. SPECIMEN CULTURED

Enter the specimen/tissue from which the culture was derived.

11. CULTURE NUMBER

Ensure that the identification entered here exactly matches the number placed on the culture container.

12-14. O GROUP, SEROTYPE, and PHAGE TYPE

For NVSL use only.

15. COMMENTS/SPECIAL INSTRUCTIONS: Use this space to enter any special instructions, including non-standard delivery of the test report.

16. SUBMITTED BY and 17. DATE SUBMITTED

The individual submitting the culture(s) must sign and date the form.