Salmonella Environmental Testing Submission Form

For Lab Use Only Accession label

## COLLEGE OF AGRICULTURE, HEALTH AND NATURAL RESOURCES

PATHOBIOLOGY AND VETERINARY SCIENCE • CONNECTICUT VETERINARY MEDICAL DIAGNOSTIC LABORATORY 61 North Eagleville Road, Unit 3089, Storrs, CT 06269 For Lab Use Date/Time Received Telephone: 860-486-3738 Email: CVMDL@Uconn.edu | Web: www.cvmdl.uconn.edu Delivery Method: [ ] Fedex [ ] UPS [ ] US Mail [ ] Walk-in \*\*\*Review and understand all CVMDL Policies regarding submissions <a href="https://cvmdl.uconn.edu/policy/\*\*\*">https://cvmdl.uconn.edu/policy/\*\*\*</a> SALMONELLA ENVIRONMENTAL TESTING SUBMISSION FORM Collection Date: Inspector:\_\_\_\_ \*Check Junk Folder\* E-mail: Address: SAMPLE TYPES: Drag Swab: DSW | Drag Sponge: DSP | Fecal Material: FM | Boot Swab: BS | Cloacal Swab: C | Other (specify): O Result(s) Sample # Pen# Location Sample Type (use abbreviation from above)

**Result Interpretation** – determined through United Stated Department of Agriculture National Poultry Improvement Plan (NPIP) testing protocol

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