

**Egg Submission Form**  
**AGID Test for Avian Influenza**

Farm Name : \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

NPIP Number (if already assigned) 52- \_\_\_\_\_

Number of Eggs Submitted: \_\_\_\_\_

Type of Eggs Submitted: (Circle all that apply)

Chicken

Turkey

Quail

Duck

Other: (Please Specify) \_\_\_\_\_

Date(s) Collected: \_\_\_\_\_

**Guidelines:**

1. Please do not mail eggs for delivery on Saturday or Sunday
2. Be sure to include this submission form in the box
3. Be sure to write fragile on the outside of the box.
4. VDACS recommends shipment via UPS or Fedex

**Send Submission Form and Eggs to:**

Harrisonburg Regional Laboratory  
Virginia Dept. of Agriculture and Consumer Services (VDACS)  
261 Mount Clinton Pike, Harrisonburg, VA 22802

Questions Contact

Kymerly H. Coffman

Poultry Specialist, Office of Veterinary Services

261 Mount Clinton Pike, Harrisonburg, VA 22802

Email: [kymberly.coffman@vdacs.virginia.gov](mailto:kymberly.coffman@vdacs.virginia.gov)

Fax: 540-432-1357

Phone: 540-209-9120

**\*\*Lab Use Only\*\***

Accession # \_\_\_\_\_

Purpose of test: Non-commerical Backyard