This report is required by Regulations (9 CFR 145). Failure to report
Will hinder nationwide review and analysis of disease investigation.

FORM APPROVED
OMB NO. 0579-0007

U. S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
THE NATIONAL POULTRY IMPROVEMENT PLAN

INVESTIGATION OF SALMONELLA ISOLATIONS IN POULTRY

1. ISOLATION REPORT
a. ☐ PULLORUM b. ☐ TYPHOID
c. ☐ TYPHIMURIUM d. ☐ ARIZONA
e. ☐ OTHER (*Specify*)

2. VS FORM 9-6 SERIAL NUMBER

INSTRUCTIONS: Read instructions on reverse before Completing this form.

3. SPECIMEN SUBMITTED
a. ☐ CHICKEN b. ☐ TURKEY c. ☐ OTHER (*Specify*)

4. DATE SPECIMEN SUBMITTED

SECTION A – FLOCK FROM WHICH INFECTED SPECIMENS WERE SUBMITTED

5. NAME & ADDRESS OF OWNER (*Include zip code + four*):

6. LOCATION OF FLOCK:

7. BREED, STRAIN OR TRADE NAME:

8. NO. BIRDS

9. AGE

10. PURPOSE OF FLOCK (*Check appropriate blocks*)
a. ☐ PRODUCTION b. ☐ REPRODUCTION c. ☐ EGGS
d. ☐ MEAT e. ☐ PRIMARY f. ☐ MULTIPLIER
g. ☐ OTHER (*Specify*)

11. ESTIMATED EFFECTS OF THIS INFECTION:
a. MORBIDITY %
b. MORBIDITY %

12. SUSPECTED SOURCE OF THIS INFECTION
a. ☐ PREMISES b. ☐ NEARBY FLOCK
c. ☐ CONTAMINATED SUPPLIES
d. ☐ OTHER (*Specify*)

13. KIND OF SPECIMENS COLLECTED FOR LAB EXAM

14. CORRECTIVE MEASURES APPLIED
a. ☐ QUARANTINE b. ☐ DISCONTINUE AS HATCHERY FLOCK
c. ☐ CLEAN & DISINFECT PREMISES d. ☐ SLAUGHTER
e. ☐ CLEAN-UP BY RETESTING f. ☐ FUMIGATE EGGS
g. ☐ MEDICATION h. ☐ OTHER (*Specify*)

15. MEASURES CHECKED IN ITEM 14 ADEQUATE TO PREVENT SPREAD ☐ YES ☐ NO

SECTION B – HATCHERY SOURCE OF FLOCK REPORTED IN SECTION A

16. NAME & LOCATION OF HATCHERY (Include zip code + four)

17. APPROVAL NUMBER

18. PREVIOUS ISOLATIONS OF SAME SEROTYPE IMPLICATING THIS HATCHERY
NUMBER OF REPORTS:

19. INVESTIGATIVE PROCEDURES (*Indicate positive (+) or negative (-) results for each procedure used.*):

A. SURVEY OF FLOCKS FROM:
a. ☐ SAME OR PROXIMATE MATCHES
b. ☐ SAME PARENT FLOCK (S)

B. LABORATORY EXAMINATION OF SPECIMENS COLLECTED AT HATCHERY
a. ☐ EGGS (*Incubator rejects*) b. ☐ INCUBATOR SWABS c. ☐ AIR SAMPLE
d. ☐ FLUFF e. ☐ BABY POULTRY f. ☐ OTHER (*Specify*)

20. ADEQUATE MEASURES APPLIED TO ELIMINATE PREMISES (*Hatchery*) *INFECTION?* ☐ YES ☐ NO

SECTION C – PARENT FLOCK OF FLOCK REPORTED IN SECTION A

21. NAME & ADDRESS OF OWNER OF PARENT FLOCK (*Include zip code + four*):

22. LOCATION OF PARENT FLOCK

23. NUMBER BIRDS IN PARENT FLOCK

24. SOURCE OF PARENT FLOCK \BY SEX:

A. MALES (*Name & address of breeder*)

B. FEMALES (*Name & address of breeder*)

25. CLASSIFICATION AND BASIS OF QUALIFICATION

A. U.S. PULLORUM-TYPHOID CLEAN
a. ☐ 100% TEST b. ☐ SAMPLE TEST (_____% *tested*)
c. ☐ MONITORING PROGRAM (*Date of last exam*_____)

B. U.S. TYPHIMURIUM CONTROLLED
a. ☐ PREMISES HISTORY
b. ☐ 100% TEST

26. EXAMINATIONS FOR SUSPECTED SEROTYPE

A. SEROLOGICAL
a. NO. BIRDS TESTED:
b. NO. REACTORS:

B. BACTERIOLOGICAL (*Indicate positive (+) or negative (-) results*)
a. ☐ REACTORS b. ☐ CLOACAL SWABS c. ☐ CULL BIRDS
d. ☐ FECES e. ☐ LITTER f. ☐ DUST

27. SERIAL NUMBERS OF VS FORM 9-6 REPORTS OF POSITIVE SHOWN IN ITEM 26B AND ISOLATIONS OF OTHER SEROTYPES

28. REMARKS:

29. INSPECTOR

30. STATE

31. DATE