



MDA Animal Health Program

Poultry Testing Supply Order Form

ID: 14051	Revision: 12	Effective Date: 03/17/2026	Issuing Authority: Dr. Jennifer Trout	Page 1 of 1
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2026 Poultry Testing Season

Date: _____

Item Description	Qty	Unit Price	Total Price	SAHL to ship to FAHL	FAHL to Fulfill Order
(Note: All PT antigen disbursements will depend on availability)					
1 ml bottle of Antigen (25 bird tests)		\$6.00			
5 ml bottle of Antigen (125 bird tests)		\$30.00			
10 ml bottle of Antigen (250 bird tests)		\$60.00			
Bleeding loop		\$25.00		LABORATORY USE ONLY	LABORATORY USE ONLY
Pliers* Bantam- small () Chicken/Turkey- large ()		\$35.00			
PT testing plate		\$10.00			
Leg Bands* (100) Chicken () Bantam () Turkey ()		\$12.00			
Leg Bands* (500) Chicken () Bantam () Turkey ()		\$50.00			
Swabs (box of 50)		\$30.00			
BHI tube* (per tube) 3ml () 5.5ml ()		\$1.75			
Red top blood tube (per tube)		\$1.00			
22 Gauge Needle with Syringe (per syringe)		\$0.75			
Test forms* Pullorum () AI ()		NC			
Shipping & Handling		\$35.00			
*Please check the appropriate type			Total Merchandise Price		

() Pick up @ Fred Lab () Pick up @ Sal Lab () Please Ship

Supplies may be picked up at Salisbury or Frederick Laboratory. All mail orders are shipped from SAHL.

If supplies are shipped, a \$35.00 shipping and handling fee will be added.

DATE NEEDED* _____ (Must allow for at least 1 week from submission of order)

Poultry Tester Placing Ordering:

Name: _____ **Phone:** _____

Address: _____

Email order form (Subject line: Poultry Testing Supply) to: ahsalisbury.mda@maryland.gov OR ahfrederick.mda@maryland.gov

Payment must be made at time of purchase (Cash, Check, Money Order and Credit Card are accepted)

If paying by check or money order, please call the **Salisbury Lab at 410- 543-6610** for further directions to mail form.

Internal Use Only

Acc # _____	Staff Completing Order _____	Payment			
		<input type="checkbox"/> Cash	<input type="checkbox"/> Check #: _____	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Will Pay at FAHL

Item(s): _____	Lot Number(s): _____	Expiration Date(s): _____	Band Type: _____	Band Numbers: _____
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