



MDA Animal Health Program

Poultry Testing Supply Order Form

ID: 14051	Revision: 8	Effective Date: 08/06/2024	Issuing Authority: Dr. Kimberly Abramo	Page 1 of 1
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2024 Poultry Testing Season

Date: _____

Item Description	Qty	Unit Price	Total Price	SAHL to ship to FAHL	FAHL to Fulfill Order
Prices when PT Antigen becomes available (Note: All PT antigen disbursements will depend on availability) *Please check the appropriate type					
5 ml bottle of Antigen (125 bird tests)		\$28.00			
10 ml bottle of Antigen (250 bird tests)		\$56.00			
Bleeding loop		\$20.00		LABORATORY USE ONLY	LABORATORY USE ONLY
Pliers* Bantam- small () Chicken/Turkey- large ()		\$30.00			
PT testing plate		\$9.00			
Bands* (box of 100) Leg-Chicken () Leg-Bantam () Leg-Turkey ()		\$10.00			
Bands* (box of 500) Leg-Chicken () Leg-Bantam () Leg-Turkey ()		\$48.00			
Swabs (box of 50)		\$25.00			
BHI tubes* 3ml Non-Commercial () 5.5ml Commercial ()		NC			
Red top blood tubes		\$.75			
22 Gauge Needle with Syringe		\$.50			
Test forms* Pullorum () AI ()		NC			
Shipping & Handling		\$25.00			
*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 \$25.00 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: _____

Send order form to: Maryland Department of Agriculture 27722 Nanticoke Rd., Unit 3 Salisbury, MD 21801 OR Email: ahsalisbury.mda@maryland.gov (Include Poultry Testing Supply in the Subject line)	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 make payable to the Maryland Department of Agriculture. If paying by credit card, please call the Salisbury Lab at 410-543-6610.
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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: _____	