2026 NPIP Authorized Lab Service Review

1506 Klondike Rd SW, Suite 301. Conyers, GA 30094 • 770-922-3496 • www.poultryimprovement.org

Please email completed form with requested documents to Dr. Katy Burden with cc to Mr. Tommy Brockington (kathryn.burden@usda.gov cc to tommy.l.brockington@usda.gov) no later than **November 06, 2026.**

Official State Agency Overseeing the Authorized Laboratory

State:

Official State Agent(s) Name(s):

Laboratory Contact Information

Laboratory Name:

Laboratory Physical Address:

Laboratory Mailing Address:

Laboratory Phone Number(s):

Is this a NAHLN laboratory? Select One

Please fill out the following with the current Laboratory Contact(s)/Email(s)/Affiliation(s)- we will be using these to update email addresses for laboratory communications.

Name	Email	Affiliation with Laboratory

Testing Capabilities

Please indicate which of the assays below the laboratory is authorized to perform.

Pullorum-Typhoid					
Tube Agglutination ☐	Rapid Serum Plate Agglutination ☐	Microagglutination ☐	Rapid Whole Blood Plate Agglutination ☐	Organ Culture ☐	Other (specify):

Salmonella					
Culture ☐	Serotyping ☐	Group D Identification ☐	PCR ☐	Rapid Detection (specify):	Other (specify):

Is the lab using the following:

- ☐Conventional PCR test for SE (page 51 of the 2025 Program Standards)
- ☐Rapid Check Salmonella Test Kit- Romer
- ☐ADIAFood Rapid Pathogen Detection System for Salmonella- AES Chemunex
- ☐DuPont BAX Salmonella 1 kit- Hygiena
- ☐DuPont BAX Salmonella 2 kit- Hygiena
- ☐Applied Biosystems TaqMan SE Real-Time PCR- Thermo Fisher
- ☐Reveal 2.0 Group D1 Salmonella- Neogen
- ☐DNAble Salmonella Detection Kit- EnviroLogix
- ☐Qiagen maricon Salmonella spp real-time PCR kit- Qiagen
- ☐Clear Safety Salmonella NGS Test- Clear Labs (Salmonella Detection Only)
- ☐Gene UP Salmonella Assay- bioMerieux (48-hour protocol only)
- ☐VIDAS Salmonella spp Phage Technology Assay- bioMerieux
- ☐BioChek Salmonella spp DNA test Salmonella qPCR reagents- BioChek
- ☐IDEXX Real PCR Salmonella DNA spp. DNA reagents- IDEXX
- ☐2025 Interim approved test: Thermo Scientific Suretect Salmonella species PCR Assay

Are there any Salmonella assays not listed above that are being used by the Lab for NPIP purposes? Please indicate below:

If the lab not conducing Salmonella testing on environmental samples (drag swabs, boot swabs, chick papers, hatchery tray swabs, chick papers, etc.), the following section can be left blank. If the laboratory is conducting Salmonella testing on environmental samples, please indicate which of the following approaches are being used:

☐BPW→ TT and RV→ Selective Plates
☐BPW → TT and MSRV → Selective Plates
☐TT → MSRV → Selective Plates

☐BPW→ TT and RV→ Molecular examination → Positives moved to selective plates
☐BPW → TT and MSRV → Molecular examination → Positives moved to selective plates
☐TT → MSRV → Molecular Examination → Positives moved to selective plates

☐Proprietary rapid method enrichment → MSRV → Selective Plates
☐Proprietary rapid method enrichment → MSRV → Molecular examination → Positives moved to
☐selective plates

Which selective plates is this laboratory using?

Following the selective plate step which of the following are being used:

☐TSI/LIA
☐MacConkey
☐Other, Please Specify:

Which type biochemical identification is this laboratory using (examples include API strips, Vitek, Enterotube, individual media tubes etc)?

How does the laboratory serogroup the positives?

☐In house with antisera

☐Ships to another laboratory for grouping, please indicate the laboratory used for this service:

How does the laboratory serotype all the Group D's:

☐In house with antisera

☐Ships to another laboratory for serotyping, please indicate the laboratory used for this service

Testing Capabilities

Please indicate which of the assays below the laboratory is authorized to perform.

Mycoplasma

Indicate the Mycoplasma type that this laboratory may test for:

☐MG ☐MS ☐MM

Indicate the types of mycoplasma testing that this laboratory is conducting:

Culture	Serum Plate Test	ELISA	HI	PCR	Other (specify):
☐	☐	☐	☐	☐	

Is the lab using the following:

☐IDEXX MG/MS RT-PCR- IDEXX
☐Bactotype MG/MS Kit- Indical
☐IDEXX RealPCR MS DNA reagents- IDEXX
☐IDEXX RealPCR MG DNA reagents- IDEXX
☐IDEXX Real PCR MG-MS Multiplex DNA reagents- IDEXX
☐Poultry Check MP MS-MG Test Kit- Biovet
☐Thermo Fisher Scientific MG/MS reagents- Thermo Fisher

Are there any Mycoplasma assays not listed above that are being used by the Lab for NPIP purposes? Please indicate below. If using an "in-house mycoplasma PCR", please have laboratory personnel provide as much detail as possible about the assay being used:

If the laboratory is receiving samples for mycoplasma testing via PCR, how are most of the samples being submitted?

☐Individual dry swabs
☐Individual wet/bacterial culturette swabs
☐Other, please indicate:

Are swabs for mycoplasma being pooled at the laboratory for PCR extraction? Lab is not do
if yes, Indicate the max number of swabs that this laboratory is pooling for Mycoplasma PCR extraction:

Testing Capabilities

Please indicate which of the assays below the laboratory is authorized to perform.

Avian Influenza				
AGID	ACIA	ELISA	PCR	Other (specify):
☐	☐	☐	☐	

If the laboratory is using ELISA, please indicate the products being used:

Does this laboratory accept cases for diagnostic work-up? Select one

If the laboratory does accept cases for diagnostic purposes, does the laboratory assign an Avian Influenza test for cases presenting with increased mortality, unexplained respiratory signs, decreased food and water consumption and decreased production? No

If yes was indicated in the previous question, what Avian Influenza tests are utilized for necropsy cases?

If the laboratory finds a suspect case of avian influenza (any subtype) please indicate how the reporting of the finding is conducted (attach additional sheets if needed).

§ 147.52 Authorized Laboratories

These minimum requirements are intended to be the basis on which an authorized laboratory of the Plan can be evaluated to ensure that official Plan assays are performed in accordance with the NPIP Program Standards or other procedures approved by the Administrator in accordance with § 147.53(d)(1) and reported as described in paragraph (f) of this section. A satisfactory evaluation will result in the laboratory being recognized by the NPIP office of the Service as an authorized laboratory qualified to perform the assays provided for in this part.

(a) Check-test Proficiency

The NPIP will serve as the lead agency for the coordination of available check tests from the National Veterinary Services Laboratories. Further, the NPIP may approve and authorize additional laboratories to produce and distribute a check test as needed. The authorized laboratory must use the next available check test for each assay that it performs.

Please enter the proficiency test result (pass or fail) for each assay that the lab is **authorized** to perform:

	2023 Results	2024 Results	2025 Results
Salmonella Group D		NOT OFFERED	
MG/MS Serum Panel			
MG/MS PCR			
AI AGID	NOT OFFERED		
AI ELISA			
AI PCR			
Other (specify):			

COMMENTS:

(b) Trained Technicians

The testing procedures at the laboratory must be run or overseen by a laboratory technician who has attended and satisfactorily completed Service-approved laboratory workshops for Plan-specific diseases within the past 4 years.

Workshop attendance should match laboratory assay authorizations. Please complete the chart below and attach the most recent copies of official NPIP workshop certificates.

Employee Name(s)	Workshop Dates	NPIP Workshop (Salmonella, Mycoplasma, AI)	Certificate Awarded and Attached	Is this person still employed at the lab?
		Pick One	Pick One	Pick one
		Pick One	Pick One	Pick one
		Pick One	Pick One	Pick one
		Pick One	Pick One	Pick one
		Pick One	Pick One	Pick one
		Pick One	Pick One	Pick one

COMMENTS-Please include additional comments or request priority workshop registration requests below. If requesting priority workshop registration, please indicate the number of spots that the lab would like to request for each of the program disease areas.:

(c) Laboratory Protocol

Official Plan assays must be performed and reported as described in the NPIP Program Standards *or in accordance with other procedures approved by the Administrator in accordance with* §147.53*(d)(1). Assays must be performed using control reagents approved by the Plan or the reagent manufacturer.*

Please review your SOPs to ensure that they are up-to-date with the current 2025 NPIP provisions. List and describe the SOPs that the lab uses and match them to the appropriate NPIP protocol. Please attach separate pages if needed. An example is included in the first line of the table.

Laboratory SOP Name/Number	Description	NPIP Procedure/Assay Referenced
EXAMPLE SOP-001	*Example Salmonella* Pullorum tube agglutination test	NPIP Program Standard A-1

(d) State Site Visit

The Official State Agency will conduct a site visit and recordkeeping audit at least once every 2 years. This will include, but may not be limited to, review of technician training records, check test proficiency, and test results. Please include documentation of the State Site visit in terms of a record keeping audit.

Date of most recent OSA site visit (mm/dd/yyyy): _____

Name of OSA or Designee Who Conducted Site Visit:

(e) Service review

Authorized laboratories will be reviewed by the Service (NPIP staff) every 3 years. The Service's review may include, but will not necessarily be limited to, checking records, laboratory protocol, check-test proficiency, technician training, and peer review.

Please include the following in your submission for the service review:

1. **Documentation of the most recent State Site Visit**
2. **Copies of NPIP workshop certificates from 2023 until present**

(f) Reporting

A memorandum of understanding or other means shall be used to establish testing and reporting criteria to the Official State Agency.

Does the OSA have an MOU in place with this Laboratory? No

When does the current MOU expire?

(g) Verification

Random samples may also be required to be submitted for verification as specified by the Official State Agency.

Does the OSA require this laboratory to submit samples for verification purposes? No

OSA & Laboratory Contact, ensure that this document is accurate and complete before submitting to the NPIP office. Please sign below:

OSA Name Print:	**Laboratory Designee Print:**
OSA Signature:	**Laboratory Designee Signature:**
Date:	**Date:**

NPIP Deadlines Cheat Sheet

OSA Site Visit every **2** years **Service Review** every **3** years **Workshop** every **4** years

Note and Disclaimer: These parts (a)-(g) serve as the basis for the NPIP Authorized Laboratory Service Review conducted *in 2026*. The NPIP Office reserves the right to ask for supporting documentation, including but not limited to, laboratory protocols, standard operating procedures, proficiency test results, proof of technician training, OSA site visit records, and other information deemed necessary to ascertain laboratory compliance.

Please email completed form to Dr. Katy Burden with cc to Mr. Tommy Brockington (kathryn.burden@usda.gov cc to tommy.l.brockington@usda.gov) no later than **November 06, 2026**

Please include the following in your submission for the service review:

1. **Documentation of the most recent State Site Visit** **Attached** **Y** ◯ **N** ◉
2. **Copies of NPIP workshop certificates from 2023 until present** **Attached** **Y** ☐ **N** ☐