AVIAN INFLUENZA SURVEILLANCE PROGRAM

AI Testing Submission Form Maryland Department of Agriculture Salisbury Animal Health Laboratory 27722 Nanticoke Road, Unit 3 Salisbury, MD 21801 Phone: (410) 543 6610

LABUSEONLY

VADDS ACCESSION #:		ACCESSIONED BY:			
TIME / DATE RECEIVED:					
DATE COLLECTED					
COLLECTED BY		Phone No:			
NUMBER OF SAMPLES (BLOOD, SWABS COLLECTED)	·			
COMPANY NAME					
PROCESSING PLANT					
GROWER/FARM NAME					
GROWER/FARM NUMBER			PREMISE ID		
GROWER/FARM STREET ADDRESS	STREET		CITY	STATE	
TOTAL FLOCK SIZE	31342		,	2	
FLOCK AGE (weeks – days)					
SAMPLE COLLECTED (CIRCLE ONE)	SWABS		BLOOD		
WERE SWABS OBTAINED FROM SICK OF DEAD BIRDS? (CIRCLE ONE)	R YES		NO		
DELIVERED BY	Phone No:				
Test Requested for : (circle one)					
Pre-slaughter Within Q	uarantine area	2 miles	6 miles		
High Mortality (> 3/1000/day)	/1000	/1000/day			
Dead Bird Surveillance					
Clinical case	EpiLink				
Form SAHL – SYS.20.1	Qualtrax ID: 3075	altrax ID: 3075 Approval Date:			