Maryland Animal Health Laboratories

Frederick Animal Health Laboratory
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Avian Influenza Surveillance Program
AI Testing Submission Form

LAB/MDA USE ONLY

VADDS ACCESSION #: _____ ACCESSIONED BY: _____

TIME/DATE RECEIVED: _____

Delivered By: Phone Number:		Company Name:
Date Collected:		Processing Plant Location:
Premise ID:		Grower Name:
Grower Number:		Grower Address:
House Number(s):		Number of Birds Sampled/Tube (circle one) ☐ 11 ☐ 5 ☐ 1 Number of Tubes:
Flock Age (Days):	Flock Size (Capacity):	FAD Number (if known):

Reason For Sample Submission (Check Box)

☐ Preslaughter (Health Monitoring) Catch start date:_____ ☐ High Mortality (>4/1000/day) _____/1000/day (Gen Diagnostics) ☐ Interstate Movement	☐ Control Zone 0-10K (FAD Surveillance) ☐ Surveillance Zone 10-20K (FAD Surveillance) ☐ FAD Investigation/Surveillance Testing (FAD Diagnostics) [STATE ONLY] ☐ EpiLink (Traceback)