AI SURVEILLANCE LABORATORY SUBMISSION FORM

(Please Print Legibly and Use Black Ink Pen Only)

California Department of Food and Agriculture
Animal Health Branch
1220 N Street, Room A-107, Sacramento, CA 95814

For Avian Surveillance Use Only
TRACKING #:

For Lab Use Only

Accn.# _____
Rec'd by _____
Case Coordinator _____
# of Samples _____
Bill to: AVIOOC

1. SUBMITTER INFORMATION:

Submitter Name:

Date Samples Taken:

Date Samples Shipped:

Tel#:   **Fax#:**   **Email:**

CDFA District: ☐ Redding District (1)   ☐ Modesto District (4)   ☐ Tulare District (5)   ☐ Ontario District (6)   ☐ Avian Health Group

2. COLLECTION SITE PREMISES INFORMATION:

PREMISES ID: ***Reason for Visit:*** ☐ Sick Call   ☐ Surveillance   ☐ Other(Specify: ____)

Premises Owner's Name: **Tel #:**

Premises Address:
(NO P.O. BOXES!)   City: Zip: County:

Operation Type: ☐ Auction   ☐ Backyard   ☐ Custom Slaughter   ☐ Feed Store   ☐ Swap meet   ☐ Other(Specify): _____

3. COLLECTION SITE FLOCK OWNER INFORMATION:

Flock/Group/Lot #:   Name: Phone # :

Address: City   Zip

4. FLOCK INFORMATION: a) Describe birds' General Flock Information :   b) Clinical Signs:

a) There has been an increase in mortality over the past 30 days.   Yes ☐   No ☐   Onset Date_____

b) There has been an increase in illness over the past 30 days.   Yes ☐   No ☐   Onset Date_____

c) Has there been a significant drop in production over the past 30 days?   Yes ☐   No ☐   Onset Date_____
   Yes ☐   No ☐   Onset Date_____

d) Have birds been recently added to the flock?

b) Clinical Signs:
☐ Healthy   ☐ Depressed   ☐ Twisted Necks
☐ Discolored/Crusty combs/wattles   ☐ Swollen faces
☐ Inflamed, foamy, red or crusty eyes/eyelids
☐ Discharge from eyes, nostrils or mouth
☐ Difficulty breathing (i.e., open mouth)
☐ Hemorrhages on shanks   ☐ Diarrhea

COMMENTS:

Sample Information

SAMPLE ID # (STICKER) *(Use a different bar code ID for different birds & specimen)*	SPECIES & BREED TYPE	FLOCK SIZE	# Of SICK BIRDS	# Of DEAD BIRDS	# Of BIRDS SAMPLED	BIRDS ALIVE?	AGE (in weeks)	# OF SWABS SUBMITTED			# Of CARCASS SUBMITTED	# Of BLOOD TUBES SUBMITTED
								# Trach	# Cloacal	# Tubes		
Sample ID here	☐ Chicken/_____ ☐ Other: (Specify)_____											
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5. LAB SUBMISSION INFORMATION

a) Lab Submitted to: CAHFS ☐ _____   **b) Container Packing:** Frozen ☐   Gel Pack ☐   Iced ☐   Other ☐ (Specify):_____

b) Samples Delivered: Direct to Lab ☐   Federal Express ☐   UPS ☐   Golden State ☐   Other ☐

AI SURVEILLANCE LABORATORY SUBMISSION FORM ADDITIONAL FLOCKS/SAMPLE INFORMATION:

If premises has different animals owners (i.e., auctions, backyard, etc., vendors), use same tracking # ID. If you run out of Tracking ID #s, you can write the number in.

TRACKING #:   **Visit Date:**   Page_____ of _____

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b. There has been an increase in illness over the past 30 days.   Yes ☐ No ☐ Onset Date_____   ☐ Discolored/Crusty combs/wattles   ☐ Swollen faces
c. Has there been a significant drop in production over the past 30 days? Yes ☐ No ☐ Onset Date_____   ☐ Inflamed, foamy, red or crusty eyes/eyelids
d. Have birds been recently added to the flock?   Yes ☐ No ☐ Onset Date_____   ☐ Discharge from eyes, nostrils or mouth
                                                                                          ☐ Difficulty breathing (i.e., open mouth)
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