

AVIAN INFLUENZA SURVEILLANCE ACCESSION FORM

WADDL Pullman
 Courier Shipping Address:
 Bustad Hall, Room 155N
 Pullman, WA. 99164-7034
 Phone: (509) 335-9696
 Fax: (509) 335-7424

Washington Animal Disease Diagnostic Laboratory
 College of Veterinary Medicine, Washington State University

Circle One Location:

<http://waddl.vetmed.wsu.edu>

AHFSL WADDL Puyallup
 Courier Shipping Address:
 2607 West Pioneer
 Puyallup, WA. 98371-4919
 Phone: (253) 445-4537
 Fax: (253) 445-4544

WADDL CASE LABEL

Please type or use black ink and print clearly.

Submitter:		
Clinic/Agency:		
Street:		
City:	State:	Zip:
Phone:	Fax:	
Date Shipped:	E-mail:	

Owner:		
Street:		
City:	State:	Zip:
Phone:		
Sample Collection Site Same as Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If NO please fill out address of collection site below

Street:		
City:	State:	Zip:

Please fill out completely as possible:

Flock GPS Coordinates	
Flock Premises ID	
No. of Samples:	Date Samples Collected:
<input type="checkbox"/> LBM (e.g. fairs)	<input type="checkbox"/> NPIP
<input type="checkbox"/> High Risk Flocks	<input type="checkbox"/> Sick Bird Call
<input type="checkbox"/> Other: []

No. of Birds in Flock:	No. of Birds Sick:	No. Dead:	Age of Birds:
Do you own ducks, geese or other waterfowl? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do wild waterfowl have access to areas where birds are kept? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you moved poultry onto or off the premises recently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there bodies of water on or near the premises? (include any natural or artificial, stagnant or moving water) <input type="checkbox"/> Yes <input type="checkbox"/> No	

History / Clinical Signs:

PLEASE SUBMIT WITH THE WADDL BAR CODE / SAMPLE IDENTIFICATION SHEET

Submitter's Signature:	Date:
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AVIAN INFLUENZA SURVEILLANCE ACCESSION FORM - BAR CODE / SAMPLE IDENTIFICATION SHEET

Premis ID/Barcode:

WADDL use only

BAR CODE / Sample ID	Pre-Pooled	If YES, No. of Samples	Species	Sample (check)	Test Requested
	YES <input type="checkbox"/> NO <input type="checkbox"/>			BHI: [] Cloacal [] Oropharyngeal Eggs [] Whole Bird [] or Other:	PCR AGID
	YES <input type="checkbox"/> NO <input type="checkbox"/>			BHI: [] Cloacal [] Oropharyngeal Eggs [] Whole Bird [] or Other:	PCR AGID
	YES <input type="checkbox"/> NO <input type="checkbox"/>			BHI: [] Cloacal [] Oropharyngeal Eggs [] Whole Bird [] or Other:	PCR AGID
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