

AVIAN INFLUENZA SURVEILLANCE ACCESSION FORM

Washington Animal Disease Diagnostic Laboratory

College of Veterinary Medicine, Washington State University

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

Circle One Location:

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

AHFSL WADDL Puyallup
Courier Shipping Address:
 2607 West Pioneer
 Puyallup, WA. 98371-4900
 Phone: (253) 445-4537
 Fax: (253) 445-4544



Please type or use black ink and print clearly.

Submitter:		
Clinic/Agency:		
Street:		
City:	State:	Zip:
Phone:		Fax:
Date Shipped:	Email:	

Owner:		
Street:		
City: State: Zip:		
Phone:		
Sample Collection Site Same as Owner?	Yes	No

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: []	

If NO please fill out address of collection site below

Street:
City: State: Zip:

Please fill out completely as possible:

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

History / Clinical Signs:

PLEASE SUBMIT WITH THE WADDL BAR CODE / SAMPLE IDENTIFICATION

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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