AVIAN INFLUENZA SURVEILLANCE ACCESSION FORM

Washington Animal Disease Diagnos0c Laboratory
College of Veterinary Medicine, Washington State University

hZp://addl.vetmed.wsu.edu

WADDL Pullman
Courier Shipping Address:
1940 SE Olympia Ave.
Pullman, WA. 99164-7034
Phone: (509) 335-9696
Fax: (509) 335-7424

AHFSL WADDL Puyallup
Courier ShippingAddress:
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? ☐ Yes ☐ No

If NO please fill out address of collec2on site below

Street:

City: State: Zip:

Flock GPS Coordinates

Flock Premises ID

No. of Samples: **Date Samples Collected:**

☐ LBM (e.g. fairs) ☐ NPIP
☐ High Risk Flocks ☐ Sick Bird Call
☐ Other: [ ]

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

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and/or to send specimens to outside laboratories that perform testing not done at WADDL. Samples submitted are the property of WADDL and may be discarded 30 days after receipt.

History/Clinical signs:

PLEASE SUBMIT WITH THE WADDL BAR CODE / SAMPLE IDENTIFICATION SHEET

Submitter's Signature: Date: