

Non-Avian HPAI

Veterinary Clinic: _____ Veterinarian: _____ Street Address: _____ City/State/ Zip: _____ Telephone No.: _____ Email Address: _____ <input type="checkbox"/> Party Providing Payment *	Owner: _____ Primary Contact: _____ Mailing Address: _____ City/State/ Zip: _____ Telephone No. _____ Email Address: _____ <input type="checkbox"/> Party Providing Payment *
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Send Report to: ☐ Veterinary Clinic ☐ Owner ☐ Both **Additional Report Email to:** _____

Required Submission information: Collection Date: _____ Collected by: _____ Premise ID: _____ FAD # (if applicable): _____ Address of where housed, if different from owner: _____ Reason for testing: <input type="checkbox"/> Movement <input type="checkbox"/> Suspect <input type="checkbox"/> Emerging Event <input type="checkbox"/> Herd Monitoring	Herd History and Clinical Summary (Please check all that apply): <input type="checkbox"/> Sudden drop in feed intake with concurrent decreased rumination and rumen motility. <input type="checkbox"/> Subsequent marked drop in herd level milk production. More severely affected cows may have thickened milk that almost appears like colostrum or may have essentially no milk. <input type="checkbox"/> Changes in manure – most reporting indicates tacky to dry manure in affected cattle <input type="checkbox"/> Dead/Sick birds, cats, or other mammals on/near premise <input type="checkbox"/> Not Applicable or Herd Monitoring Program (Federal or state equivalent)
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Sample No.	Animal Name/Identification No.	Species	Breed	Sex	Age	Specimen Type
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Specimens and samples submitted to the CVMDL for investigation* become the property of the CVMDL. Samples and specimens may be tested as part of State/Federal surveillance programs. Test results may be shared with relevant Local, State, or Federal agencies as required by law. Anonymized samples, specimens, and test results may be used in the teaching of students, in professional publications, or in the development of new assays.

*Excludes tissues or clinical samples submitted by PIs as part of their research, or submissions of federally regulated species. Return of samples associated with federally regulated species or institutional collections will be arranged on a case by case basis.

Office Use Received Date/Time/Staff Initials: _____ Payment received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____)	Pathologist(s) in charge: _____ Submitted by: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Courier, Specify _____ <input type="checkbox"/> wi
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