



### Non-Avian HPAI

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

<b>Required Submission information:</b> <b>Collection Date:</b> _____ <b>Collected by:</b> _____ <b>FAD #:</b> _____ <b>Permission from SAHO:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Address of where housed, if different from owner:</b> _____ <b>Additional History:</b> _____ _____	<b>Herd History and Clinical Summary (Please check all that apply):</b> <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
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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.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Office Use</div> Received Date/Time/Staff Initials: _____	Pathologist(s) in charge: _____ Submitted by: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner <input type="checkbox"/> Courier, Specify _____ <input type="checkbox"/> wi
Payment received: \$ _____ <input type="checkbox"/> CC <input type="checkbox"/> Check (# _____)	