



Office Use) Date Received by Lab:  Submitter  Owner

FedEx  UPS  US Mail  Walk-in  
 Payment Received:

### NAHLN Cattle IAV-A Submission Form

Intended use: Testing in cattle • All fields are required

#### Submitter- REQUIRED

Agency Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Collector Name: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Collector Federal ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Additional Report Copies to: \_\_\_\_\_ Email: \_\_\_\_\_  
 Party Providing Payment

#### Animal Owner – Required

Animal Owner: \_\_\_\_\_ Premises ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 County: \_\_\_\_\_ Party Providing Payment

#### Animal Location / Collection Site Information

(  ) If same as above Premises ID: \_\_\_\_\_  
 Animal Location / Site Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

<p><b>Collection Date:</b> _____</p> <p>Date of Movement: _____ (if applicable)</p> <p>Destination: _____</p>	<p><b>Purpose of Test:</b></p> <p><input type="checkbox"/> FAD, FAD No: _____</p> <p><input type="checkbox"/> General Diagnostics, Suspect</p> <p><input type="checkbox"/> Emerging Event</p> <p><input type="checkbox"/> Interstate Movement</p> <p><input type="checkbox"/> Intrastate Movement</p> <p><input type="checkbox"/> Export</p> <p><input type="checkbox"/> State Program</p> <p><input type="checkbox"/> Worried Well</p>	<p><b>History:</b></p> <p><input type="checkbox"/> Sudden drop in feed intake with concurrent decreased rumination and rumen motility.</p> <p><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.</p> <p><input type="checkbox"/> Changes in manure – most reporting indicates tacky to dry manure in affected cattle</p> <p><input type="checkbox"/> Dead/Sick birds, cats, or other mammals on/near premise</p> <p><input type="checkbox"/> Not Applicable or Herd Monitoring Program (Federal or state equivalent)</p>
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#### Specimen Types: M-Milk, N-Nasal Swab, U-Uterine Tissue, O-Other (describe/specify)

Sample No.	Specimen Identification	Species (if applicable)	Breed (if applicable)	Sex (if applicable)	Age (if applicable)	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.