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(Office Use) Date Received by Lab: Submitter Owner

NAHLN IAV-A Response Submission Form

FedEx UPS US Mail Walk-in

INSPECTORS *PLEASE NOTE*:

For gallinaceous species only: up to 11 swabs (O/T) can be pooled into 5.5 ml tube of BHI broth (with antibiotic).

For all species: up to 5 swabs (O/C) per 3ml broth (without antibiotic).

DO NOT mix different species or sample type in the same tube.

Submitter – Required

| | |
|---------------------------------------|--|
| Agency Name: _____ | Mailing Address: _____ |
| Collector Name: _____ | City, State, Zip: _____ |
| Collector Federal ID: _____ | Phone: _____ |
| Additional Report Copies to: _____ | Email: _____ |
| | Party Providing Payment <input type="checkbox"/> |

Animal Owner – Required

| | |
|-------------------------|--|
| Animal Owner: _____ | Phone: _____ |
| Address: _____ | Email: _____ |
| City, State, Zip: _____ | Party Providing Payment <input type="checkbox"/> |
| County: _____ | Premise ID: _____ |

Animal Location / Collection Site Information / Production Class information – Required

| | | |
|---|--|---|
| <input type="checkbox"/> (<input checked="" type="checkbox"/>) If same as above | Collection Site Type: | Production Class: |
| Animal Location / Site Name: _____ | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Breeding/genetic stock |
| Address: _____ | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Companion |
| City, State, Zip: _____ | <input type="checkbox"/> Market/Collection Point | <input type="checkbox"/> Competition |
| County: _____ | <input type="checkbox"/> Non-producer participants | <input type="checkbox"/> Meat |
| Premise ID: _____ | <input type="checkbox"/> Production/Farm | <input type="checkbox"/> Unknown |
| | <input type="checkbox"/> Quarantine Facility | <input type="checkbox"/> Wildlife |
| | <input type="checkbox"/> Slaughter Plant | <input type="checkbox"/> Other: _____ |

Test Requests: Enter the number of each test type requested, Purpose of Test, and Clinical Signs – Required

| | | | |
|---|---|---|--|
| Collection Date: _____ | Purpose of Test: | Clinical Signs: | <input type="checkbox"/> Anorexia |
| Type of Test (indicate#): | <input type="checkbox"/> FAD, FAD No: _____ | <input type="checkbox"/> Coughing | <input type="checkbox"/> Feather Puffing |
| ____ IAV PCR | <input type="checkbox"/> General Diagnostics, Suspect | <input type="checkbox"/> Gasping | <input type="checkbox"/> Bubbly peri/ocular discharge |
| ____ Necropsy | <input type="checkbox"/> High Risk Wildlife | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Distended Abdomen |
| Carcass Disposal: | <input type="checkbox"/> Interstate Movement | <input type="checkbox"/> Sneezing | <input type="checkbox"/> Egg Bound |
| <input type="checkbox"/> communal | <input type="checkbox"/> Surveillance | <input type="checkbox"/> Lethargy | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> private: _____ | <input type="checkbox"/> Traceback | <input type="checkbox"/> Blue/pale comb/wattles | <input type="checkbox"/> Diarrhea |
| | | <input type="checkbox"/> Non-ambulatory | <input type="checkbox"/> Sudden weight loss |
| | | <input type="checkbox"/> Neurological Signs | <input type="checkbox"/> Sinus Swelling |
| | | | <input type="checkbox"/> Sudden decrease in water consumption/egg production |

