



Bovine - Influenza A virus H5N1

For office use only

Veterinarian

Veterinarian \_\_\_\_\_
Clinic \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Fax \_\_\_\_\_
Email \_\_\_\_\_

Owner/Producer

Owner Name \_\_\_\_\_
Company \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_ Email \_\_\_\_\_

Billing

USDA

Reporting

Email \_\_\_\_\_
Affiliate (list codes) \_\_\_\_\_

Animal/Location

National Premises ID \_\_\_\_\_ County \_\_\_\_\_
Site/Farm \_\_\_\_\_ Breed \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Reason for Testing

Inter-state movement \_\_\_\_\_ Exhibition \_\_\_\_\_
Destination \_\_\_\_\_ Date of movement \_\_\_\_\_
[ ] Herd status pilot program
[ ] Diagnostic (sick animal) testing FADl number \_\_\_\_\_
[ ] Follow-up testing for previously positive site
Other \_\_\_\_\_

Molecular Diagnostic Tests (PCR)

[ ] Avian Influenza Virus H5N1
Sample type Total sample count
[ ] Individual Milk Sample/s \_\_\_\_\_
[ ] Bulk Tank
[ ] Nasal
[ ] Other (list) \_\_\_\_\_

Note: Individual milk samples will be tested in pools of 5 unless indicated otherwise. Bulk tank milk and nasal swab samples will be tested individually.

Additional comments \_\_\_\_\_

Collection Date \_\_\_\_\_

Table with 3 columns: Official Animal ID or Bulk Tank ID, and 30 rows of numbered input fields (1-30).