

Print Date		Livestock Disease Investigation Form
Print Time		
Language	English	

Case ID:

Field Accession ID:

Diagnoses			
Case Status		Report Type	
Case Classification		Outbreak ID	
Session ID			
Reported By		Investigator Name	
Initial Report Date		Assigned Date	
Entered By		Investigation Date	
Date Entered			

Farm Details

Farm Name:			
Farm ID:			
Farm owner:			
Phone:		Address of holding:	
Fax:			
E-mail:		Latitude/Longitude	/
Ownership Structure			

**Herd/Species Info**

Herd	Species	Total	Dead	Sick	Note (Include breed)	Start Of Signs





## **Control measures put in place in response to the outbreak**

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## Clinical Diagnoses

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	Diagnosis	Code	Date
Tentative Diagnosis - 1			
Tentative Diagnosis - 2			
Tentative Diagnosis - 3			
Final Diagnosis			

### Vaccination Info

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Diagnosis Name	Date	Species	Vaccinated #	Type	Route	Lot #	Manufacturer	Comments

Sample Receiving/Registration

Sample Type	Field Sample ID	Animal ID	Species	Collection Date	Accession Date	Sample Condition	Comment	Collected By Insitute	Collected By Officer	Sent to Organization



Animals

Herd ID	Animal ID	Species	Age	Sex	Clinical Signs	Status

Penside Tests

Test Name	Field Sample ID	Sample Type	Species	Result