

AVIAN DISEASE INVESTIGATION FORM

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Farm Details												
1 Reported by		2 Reported date		3 Name of investigating officer				4 Investigation date				
5 Farm name				10Region/Oblast/Province				11Rayon/District				
6 Farm owner First Name		Last Name		12Town/village		13 Postal Code		14 Street, Building/House/Apt				
7Telephone		8Fax		9Email			15Latitude (E)		16Longitude			
17Type of Farm <input type="checkbox"/> -backyard or village household (<50) <input type="checkbox"/> -commercial medium scale (500-5000)							<input type="checkbox"/> -commercial small scale (50-500) <input type="checkbox"/> -commercial large scale (>5000)			18Housing number of barns: birds per barn:		
Epidemiological Information												
19 Contact with wild birds (ducks, pigeons, migratory fowl, other) Y N U specify					20 New birds introduced? (when, from where) Y N U specify							
21Recent visitors <input type="checkbox"/> other farmers <input type="checkbox"/> family <input type="checkbox"/> neighbors <input type="checkbox"/> vets <input type="checkbox"/> other Y N U specify					22 Other sources of contamination? Y N U specify							
23 Other outbreaks known? (when, where, what) Y N U specify					24 Disinfection at entry Y N U specify							
25Animal products sold? (eggs, meat, live birds, etc.; when, where) Y N U specify					26 Lakes or ponds nearby? Y N U specify							
27 Pest Control Y N U specify					28 Poultry house cleaning dry clean <input type="checkbox"/> water wash <input type="checkbox"/> disinfection <input type="checkbox"/> other <input type="checkbox"/> Y N U specify							
29 Feeding commercial feed <input type="checkbox"/> own feed <input type="checkbox"/> scavenging <input type="checkbox"/> leftovers <input type="checkbox"/> unknown <input type="checkbox"/>					30 Water well <input type="checkbox"/> pond <input type="checkbox"/> river <input type="checkbox"/> municipal <input type="checkbox"/> unknown <input type="checkbox"/>							
31 Restocking all <input type="checkbox"/> partial <input type="checkbox"/> unknown <input type="checkbox"/>		32 Manure handling fertilizer <input type="checkbox"/> sold <input type="checkbox"/> stored <input type="checkbox"/> other <input type="checkbox"/> Y N U specify			33 Dead bird disposal buried <input type="checkbox"/> compost <input type="checkbox"/> rendered <input type="checkbox"/> other <input type="checkbox"/> Y N U specify							
34 Comments for Epi Section												
Flock species information												
35 Species A		36 Breed	37Age	38 Total	39 Sick	40 Dead	41 Start of signs		44 Prior vaccinations (disease, vac. type, route, manufacturer, lot)		when?	how many
42 Production <input type="checkbox"/> -eggs <input type="checkbox"/> -breeding <input type="checkbox"/> -meat <input type="checkbox"/> -other										43 Intended use <input type="checkbox"/> -indoor <input type="checkbox"/> -outdoor		
35 Species B		36 Breed	37Age	38 Total	39 Sick	40 Dead	41 Start of signs		44 Prior vaccinations (disease, vac. type, route, manufacturer, lot)		when?	how many
42 Production <input type="checkbox"/> -eggs <input type="checkbox"/> -breeding <input type="checkbox"/> -meat <input type="checkbox"/> -other										43 Intended use <input type="checkbox"/> -indoor <input type="checkbox"/> -outdoor		
35 Species C		36 Breed	37Age	38 Total	39 Sick	40 Dead	41 Start of signs		44 Prior vaccinations (disease, vac. type, route, manufacturer, lot)		when?	how many
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35 Species D		36 Breed	37Age	38 Total	39 Sick	40 Dead	41 Start of signs		44 Prior vaccinations (disease, vac. type, route, manufacturer, lot)		when?	how many
42 Production <input type="checkbox"/> -eggs <input type="checkbox"/> -breeding <input type="checkbox"/> -meat <input type="checkbox"/> -other										43 Intended use <input type="checkbox"/> -indoor <input type="checkbox"/> -outdoor		
Clinical information												
Clinical signs		species 35A		species 35B		species 35C		species 35D				
44 Sudden death		Y N U		Y N U		Y N U		Y N U		Y N U		
45 Depression		Y N U		Y N U		Y N U		Y N U		Y N U		
46 Anorexia		Y N U		Y N U		Y N U		Y N U		Y N U		
47 Decline – egg production		Y N U		Y N U		Y N U		Y N U		Y N U		
48 Dyspnea		Y N U		Y N U		Y N U		Y N U		Y N U		
49 Sinusitis, sneezing		Y N U		Y N U		Y N U		Y N U		Y N U		
50 Edema of head		Y N U		Y N U		Y N U		Y N U		Y N U		
51 Cyanosis of combs and wattles		Y N U		Y N U		Y N U		Y N U		Y N U		
52 Diarrhea		Y N U		Y N U		Y N U		Y N U		Y N U		
53 Nervous signs		Y N U		Y N U		Y N U		Y N U		Y N U		
Necropsy examination												
Signs and lesions		species 19A		species 19B		species 19C		species 19D				
54 Dehydration		Y N U		Y N U		Y N U		Y N U		Y N U		
55 Cyanosis of combs and wattles		Y N U		Y N U		Y N U		Y N U		Y N U		
56 Hemorrhages or exudates in respiratory tract		Y N U		Y N U		Y N U		Y N U		Y N U		
57 Hemorrhages in alimentary tract		Y N U		Y N U		Y N U		Y N U		Y N U		
58 Hemorrhage/congested flanks		Y N U		Y N U		Y N U		Y N U		Y N U		

59 Describe other lesions and clinical signs:  
external appearance  
head and neck  
respiratory tract  
alimentary tract  
circulatory system  
reproductive system  
muscles, bones, joints  
other lesions

Diagnoses

60 Initial diagnoses

Sample Collection (L-Live, S-Sick, D-Dead, U-unknown) (OS-oropharingeal swab, TS-tracheal swab, CS- cloacal swab) (L-Liver, S-Spleen, O-Other)

61 Field ID	62 Bird Status	63 Swabs	64 Tissue	65 Blood	66 Sample label 1	67 Sample Label 2
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
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	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		
	L S D U	OS TS CS	L S O	Clotted <input type="checkbox"/> EDTA <input type="checkbox"/>		

Penside Test Results

68A Test used	69A Field Sample ID	70A <b>positive</b> <input type="checkbox"/> <b>negative</b> <input type="checkbox"/> <b>uninterpretable</b> <input type="checkbox"/>
68B Test used	69B Field Sample ID	70B <b>positive</b> <input type="checkbox"/> <b>negative</b> <input type="checkbox"/> <b>uninterpretable</b> <input type="checkbox"/>
68C Test used	69C Field Sample ID	70C <b>positive</b> <input type="checkbox"/> <b>negative</b> <input type="checkbox"/> <b>uninterpretable</b> <input type="checkbox"/>
68D Test used	69D Field Sample ID	70D <b>positive</b> <input type="checkbox"/> <b>negative</b> <input type="checkbox"/> <b>uninterpretable</b> <input type="checkbox"/>

Additional details (additional clinical signs and lesions observed, additional tests requested, others)

Signature of investigating officer or submitter

Date