

|            |         |   |
|------------|---------|---|
| Print Date |         | <b>Avian Disease Investigation Form</b> |
| Print Time |         |   |
| Language   | English |   |
|            |         |   |

|                     |                            |                    |  |
|---------------------|----------------------------|--------------------|--|
| <b>Case ID:</b>     | <b>Field Accession ID:</b> |                    |  |
| Diagnoses           |                            |                    |  |
| Case Status         |                            | Report Type        |  |
| Case Classification |                            | Outbreak ID        |  |
| Reported By         |                            | Investigator Name  |  |
| Initial Report Date |                            | Assigned Date      |  |
| Entered By          |                            | Investigation Date |  |
| Date Entered        |                            |                    |  |

|                           |  |                                     |   |
|---------------------------|--|-------------------------------------|---|
| <b>Farm Details</b>       |  |                                     |   |
| <b>Farm Name:</b>         |  |                                     |   |
| <b>Farm ID#:</b>          |  |                                     |   |
| Farm Owner:               |  |                                     |   |
| Telephone:                |  | Address of holding:                 |   |
| Fax:                      |  |                                     |   |
| E-mail:                   |  | Latitude/Longitude                  | / |
| Farm Type                 |  |                                     |   |
| Number of barns/buildings |  | Number of birds per barns/buildings |   |

Flock/Species Info

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Flock:

| Species | Total | Dead | Sick | Avg. Age(weeks) | Start Of Signs |
|---------|-------|------|------|-----------------|----------------|
|         |       |      |      |                 |                |
| Total   |       |      |      |                 |                |





Clinical Diagnoses

|                         | 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 | Species | Bird Status | Collection Date | Accession Date | Sample Condition | Comment | Collected By<br>Insitute | Sent to<br>Organization |
|-------------|-----------------|---------|-------------|-----------------|----------------|------------------|---------|--------------------------|-------------------------|
|             |                 |         |             |                 |                |                  |         |                          |                         |

Penside Tests

| Test Name | Field Sample ID | Sample Type | Species | Result |
|-----------|-----------------|-------------|---------|--------|
|           |                 |             |         |        |