

Print Date		Avian Disease Investigation Form
Print Time		
Language	English	

Case ID:

Field Accession ID:

Diagnoses	<hr/>		
Case Status	<hr/>	Report Type	<hr/>
Case Classification	<hr/>	Outbreak ID	<hr/>
Reported By	<hr/>	Investigator Name	<hr/>
Initial Report Date	<hr/>	Assigned Date	<hr/>
Entered By	<hr/>	Investigation Date	<hr/>
Date Entered	<hr/>		

Farm Details

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

Flock/Species Info

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

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 Insitute	Sent to Organization

Additional Test Requested and Sample Notes

Penside Tests

Test Name	Field Sample ID	Sample Type	Species	Result

