

Nebraska Department of Agriculture
Bureau of Animal Industry
 Avian Influenza Lab Submission Form

Vet #: _____ Date: _____
 Signature: _____

Fee Basis: Yes No

Sample collected: Blood Swab Tissue
Sample reason: Surveillance Exposed Diagnostic

Tubes submitted: _____ Birds sampled: _____

Owner name: _____
 Flock name: _____
 Address: _____
 City/state/zip: _____
 County: _____

Flock Type:
 Commercial Exhibit/Sale Backyard Gamebird

Flock size: _____ Species: _____

<u>Tube</u>	<u>Identification</u>	<u>No. Sampled</u>	<u>Tube</u>	<u>Identification</u>	<u>No. Sampled</u>
1.			15.		
2.			16.		
3.			17.		
4.			18.		
5.			19.		
6.			20.		
7.			21.		
8.			22.		
9.			23.		
10.			24.		
11.			25.		
12.			26.		
13.			27.		
14.			28.		
Instructions: 1. Max. 5 swabs per BHI tube 2. Keep BHI broth refrigerated at all times 3. Limit excessive fecal contamination in tube 4. Return unused tubes/swabs with samples to VDC			<u>Ship samples with ice packs to:</u> UNL-Veterinary Diagnostic Center P.O. Box 82646 Lincoln, NE 68501-2646		

White copy: Send with samples to VDC Lab

Yellow copy: BAI Office, P.O. Box 94787, Lincoln, NE 68509-4787

Pink copy: Veterinarian/Collector

GPS N: _____

GPS W: _____