

**Nevada Department of Agriculture Animal Disease Lab
Arbovirus and Foreign Animal Disease Surveillance
Sample Submission Form***

DATE OF REPORT: _____

COLLECTOR INFORMATION	PERSON REPORTING DEAD/ILL BIRD (If Different than Collector)
Name _____	Name _____
Agency _____	Address _____
Address _____	City _____ State _____ Zip _____
City _____ State _____ Zip _____	Phone # (____) _____ - _____
Phone # (____) _____ - _____	

SPECIMEN INFORMATION

Species of Bird: _____

Condition of Bird: Dead Ill/Euthanized Injured Relocation Project : # of samples: _____

Symptoms Observed: _____

Specimen Collected: Oral Swab Cloaca Swab Other _____

COLLECTION INFORMATION

Location of Bird: _____

Address _____ City _____ County: _____

State _____ Zip _____ G.P.S. Coordinates/Area Description: _____

TO BE COMPLETED BY ADL

Acc # 2012-_____ Date Received: ____/____/____

RESULTS:	WNV	SLE	WEE	HPAI	END	Other _____
Positive	<input type="checkbox"/>					
Negative	<input type="checkbox"/>					
Suspect	<input type="checkbox"/>					

NOTE TO COLLECTOR

1. Refer to WNV Surveillance Specimen Collection Guidelines and Protocols.
2. Retain a copy of this form for record.

Mail this form and the specimen to: Animal Disease and Food Safety Laboratory, 405 S 21st St Sparks, NV 89431