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

<table>
<thead>
<tr>
<th>DATE OF REPORT:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>COLLECTOR INFORMATION</th>
<th>PERSON REPORTING DEAD/ILL BIRD (If Different than Collector)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Agency</td>
<td>Address</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Phone #</td>
<td>Phone #</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>SPECIMEN INFORMATION</th>
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Species of Bird: ____________________________
Condition of Bird: □ Dead □ Ill/Euthanized □ Injured □ Relocation Project : # of samples: ______
Symptoms Observed: ________________________________________________________________
Specimen Collected: □ Oral Swab □ Cloaca Swab □ Other

<table>
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</table>

Location of Bird: ____________________________
Address ____________________________ City __________ County: __________
State __________ Zip ____ G.P.S. Coordinates/Area Description: ____________________________

<table>
<thead>
<tr>
<th>TO BE COMPLETED BY ADL</th>
</tr>
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Acc # 2012-_______ Date Received: ______ / ______ / ______

<table>
<thead>
<tr>
<th>RESULTS:</th>
<th>WNV</th>
<th>SLE</th>
<th>WEE</th>
<th>HPAI</th>
<th>END</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Negative</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Suspect</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>NOTE TO COLLECTOR</th>
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</table>

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