

FOR LAB USE ONLY  
DO NOT WRITE IN THIS SPACE

# AVIAN REGULATORY EVENT SUBMISSION FORM

Mississippi Veterinary Research & Diagnostic Laboratory/  
Poultry Research & Diagnostic Laboratory

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<http://www.cvm.msstate.edu/animal-health-center/diagnostic-labs>

COMPANY:	COMPLEX:	PURPOSE: <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> MOVEMENT
FARM NAME:	BIRD TYPE: <input type="checkbox"/> PULLET <input type="checkbox"/> BREEDER <input type="checkbox"/> BROILER <input type="checkbox"/> LAYER	
PREMISE ID:	AGE: _____ DAYS / WEEKS (CIRCLE ONE)	
ADDRESS:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> BOTH	
CITY/STATE/ZIP:		
PHONE: (     )		

**\*THIS REPORT WILL BE AUTOMATICALLY SENT VIA NAHLN MESSAGING\***

Date Collected:	Time Collected:	Collected By:
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Number:	SAMPLE TYPE	SITE/TYPE IF APPLICABLE	
	BIRD/CARCASS		
	BLOOD		
	SERUM		
	BHI - TRACHEAL	#TUBES:	#SWABS/TUBE:
	BHI - OROPHARYNGEAL	#TUBES:	#SWABS/TUBE:
	C&D SWABS	#TUBES:	#SWABS/TUBE:
	FRESH TISSUE		
	OTHER:		

Check:	TEST REQUESTED
<input type="checkbox"/>	AVIAN INFLUENZA
<input type="checkbox"/>	END

MORTALITY		
TO-DATE:	PAST THREE DAYS	
	DATE:	MORTALITY:
	DATE:	MORTALITY:
	DATE:	MORTALITY:

**USDA Unique Sample ID # (one label for each sample using this form – 16 maximum).**

HOUSE: _____ <i>[Affix USDA Barcode Label Here]</i>	HOUSE: _____ <i>[Affix USDA Barcode Label Here]</i>	HOUSE: _____ <i>[Affix USDA Barcode Label Here]</i>	HOUSE: _____ <i>[Affix USDA Barcode Label Here]</i>
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**\*NOTE\***: UNLESS OTHERWISE DIRECTED IN WRITING ABOVE, REMAINS OF ANIMALS SUBMITTED FOR NECROPSY ARE DISPOSED OF UPON COMPLETION OF GROSS NECROPSY/TESTING.