



Maryland Department Of Agriculture Animal Health Laboratories

BOVINE Influenza Services Request Form

Frederick Animal Health Laboratory
 1840 Rosemont Avenue, Frederick, MD 21702
 301-600-1548 (Phone) 301-600-6111(FAX)
 ahfrederick.mda@maryland.gov

Salisbury Animal Health Laboratory
 27722 Nanticoke Road Unit 3, Salisbury, MD 21801
 410-543-6610 (Phone) 410-543-6676 (FAX)
 ahsalisbury.mda@maryland.gov

ID: 27884

Revision: 1

Effective Date:05/06/2024

| | | |
|-------|-----------------------------------|--------------|
| DATE: | PREMISE ID (PIN) required: | ACCESSION #: |
|-------|-----------------------------------|--------------|

PREMISE ADDRESS:

Street # Street City State Zip

| | |
|--|--|
| Owner: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone: () _____ Fax: () _____ | Vet: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone: () _____ Fax: _____ |
| Report Distribution: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US Mail <input type="checkbox"/> No Report | Report Distribution: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> US Mail <input type="checkbox"/> No Report |

| | |
|--|--|
| # of Cows Moving: _____ # of Cows Tested: _____ Date of Movement: _____ Location/State Moving To: _____ Are Animals Lactating: <input type="checkbox"/> YES <input type="checkbox"/> NO Are Animals going to Slaughter: <input type="checkbox"/> YES <input type="checkbox"/> NO | Sample Information Date Collected: _____ <input type="checkbox"/> Milk 10-12 mL (1 sample pooled from all 4 quarters/cow) <input type="checkbox"/> Milk (10-12 mL individual samples from each quarter of 1) <input type="checkbox"/> Bulk Tank Milk Sample (PRE-APPROVAL REQUIRED) <input type="checkbox"/> Nasal Swab from both nasal passages (<i>do not pool multiple cows</i>): <input type="checkbox"/> in PrimeStore MTM <input type="checkbox"/> in BHI <input type="checkbox"/> in Saline (least preferred) |
|--|--|

Reason for Testing:

Clinical Suspect Interstate Movement Intrastate Movement Sale/Auction Producer concerned about HPAI
 Healthy Cattle that have been exposed/linked to HPAI Cattle
 Other (*Please explain*):

| # | Animal ID | Age | QTR | BARCODES ONLY | # | Animal ID | Age | QTR | BARCODES ONLY |
|---|-----------|-----|-----|-------------------------------------|---|-----------|-----|-----|-------------------------------------|
| 1 | | | | <i>For Laboratory Barcodes Only</i> | 4 | | | | <i>For Laboratory Barcodes Only</i> |
| 2 | | | | <i>For Laboratory Barcodes Only</i> | 5 | | | | <i>For Laboratory Barcodes Only</i> |
| 3 | | | | <i>For Laboratory Barcodes Only</i> | 6 | | | | <i>For Laboratory Barcodes Only</i> |



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CONTINUATION PAGE

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