

**Maryland Animal Health  
Laboratories**

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**Avian Influenza Surveillance Program  
AI Testing Submission Form**

**LAB/MDA USE ONLY**

VADDS ACCESSION #: \_\_\_\_\_ ACCESSIONED BY: \_\_\_\_\_

TIME/DATE RECEIVED: \_\_\_\_\_

Delivered By:		Company Name:
Phone Number:		
Date Collected:		Processing Plant Location:
Premise ID:		Grower Name:
Grower Number:		Grower Address:
House Number(s):		Number of Birds Sampled/Tube (circle one) 11      5      1 Number of Tubes:
Flock Age (Days):	Flock Size (Capacity):	FAD Number (if known):

**Reason For Sample Submission (Check Box)**

<input type="checkbox"/> Preslaughter (Health Monitoring) Catch start date: _____	<input type="checkbox"/> Control Zone 0-10K (FAD Surveillance)
<input type="checkbox"/> High Mortality (>4/1000/day) _____/1000/day (Gen Diagnostics)	<input type="checkbox"/> Surveillance Zone 10-20K (FAD Surveillance)
<input type="checkbox"/> Interstate Movement	<input type="checkbox"/> FAD Investigation/Surveillance Testing (FAD Diagnostics) [STATE ONLY]
	<input type="checkbox"/> EpiLink (Traceback)