

**Nebraska Department of Agriculture**  
**Bureau of Animal Industry**  
 Avian Influenza Lab Submission Form

Vet #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
**Fee Basis:** Yes  No   
**Sample collected:** Blood  Swab  Tissue   
**Sample reason:** Surveillance  Exposed  Diagnostic   
 High Risk   
 Tubes submitted: \_\_\_\_\_ Birds sampled: \_\_\_\_\_

Owner name: \_\_\_\_\_  
 Flock name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/state/zip: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
**Flock Type:**  
 Commercial  Exhibit/Sale  Backyard  Gamebird   
 Subpart E   
 Flock size: \_\_\_\_\_ Species: \_\_\_\_\_

<u>Tube</u>	<u>Identification</u>	<u>No. Sampled</u>	<u>Tube</u>	<u>Identification</u>	<u>No. Sampled</u>
1.			15.		
2.			16.		
3.			17.		
4.			18.		
5.			19.		
6.			20.		
7.			21.		
8.			22.		
9.			23.		
10.			24.		
11.			25.		
12.			26.		
13.			27.		
14.			28.		
<b>Instructions:</b> 1. Max. 5 swabs per BHI tube 2. Keep BHI broth refrigerated at all times 3. Limit excessive fecal contamination in tube 4. Return unused tubes/swabs with samples to VDC			<b><u>Ship samples with ice packs to:</u></b> UNL-Veterinary Diagnostic Center P.O. Box 82646 Lincoln, NE 68501-2646		

**White copy:** Send with samples to VDC Lab

**Yellow copy:** BAI Office, P.O. Box 94787, Lincoln, NE 68509-4787

**Pink copy:** Veterinarian/Collector

GPS N: \_\_\_\_\_

GPS W: \_\_\_\_\_