

Date Sent: \_\_\_\_\_

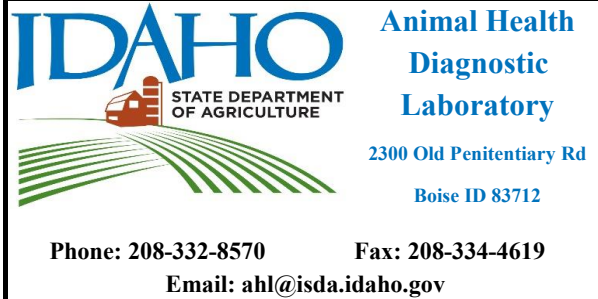
Via: \_\_\_\_\_

(Mail, FedEx, UPS, Courier, etc.)

## FOR AIV PCR TESTING ONLY

\*Only one species (bovine/avian) per submission form.\*

\*All fields required. Samples may be rejected if paperwork is incomplete.\*



### Lab Use Only

Accession # \_\_\_\_\_

# of Samples \_\_\_\_\_

Lab: **Molecular AIV**

Veterinarian's Name \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

Owner Name \_\_\_\_\_  
Owner City, State, Zip \_\_\_\_\_  
Flock/Dairy Name \_\_\_\_\_  
Flock/Dairy Prem ID \_\_\_\_\_  
Flock/Dairy County, State \_\_\_\_\_  
FAD # (if applicable) \_\_\_\_\_

Purpose of Submission (select one):  
☐ Surveillance ☐ FAD Diagnostic  
☐ Sale/Pre-Movement ☐ Other (e.g., fair, sick, etc.)  
☐ Routine NPIP \_\_\_\_\_

Collection Date: \_\_\_\_\_  
**Raw Milk must be less than 5 days old**  
**Swabs must be less than 3 days old**

History/Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

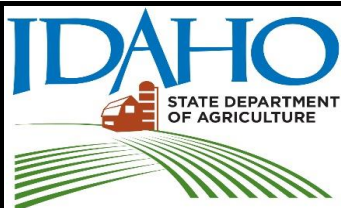
| Lab Use | Official Animal ID/Name/# | Other ID (e.g., tank, time, tag, etc.) | Bovine Submissions                                                                                                                    | Avian Submissions                                                                                                                                                                                                                    |
|---------|---------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |                           |                                        | Raw Milk Only (no preservatives added)<br><input type="checkbox"/> Individual Animal Sample <input type="checkbox"/> Bulk Tank Sample | Swab Only; Type: <input type="checkbox"/> CL <input type="checkbox"/> TR/OP <input type="checkbox"/> BHI <input type="checkbox"/> MTM<br>Pooled In-Field? <input type="checkbox"/> No <input type="checkbox"/> Yes, # of birds _____ |
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# Continuation Sheet

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**Animal Health  
Diagnostic  
Laboratory**

2300 Old Penitentiary Rd  
Boise ID 83712

Phone: 208-332-8570 Fax: 208-334-4619  
Email: ahl@isda.idaho.gov

Lab Use Only

Accession # \_\_\_\_\_

Lab: **Molecular AIV**

| Lab Use | Official Animal ID/Name/# | Other ID (e.g., tank, time, tag, etc.) | Bovine Submissions                                                                                                                    | Avian Submissions                                                                                                                                                                                                                    |
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