

Environmental Submission Form (Fluff and Environmental Sample)



AAVLD Accredited Laboratory

ANIMAL HEALTH CENTRE

Ministry of Agriculture, Food and Fisheries
1767 Angus Campbell Road Abbotsford, BC V3G 2M3
604-556-3003 1-800-661-9903
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For AHC use only	
Case #/Coord: _____	_____
Entered By: _____	Date: _____
Verified By: _____	Date: _____
Sent time: _____	PM: ____ SLAB: ____

Please fill out form as completely as possible to avoid testing delays

Submitted By: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →) Reports To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →) Bill To: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (fill out info →) *Preliminary reports will be sent to Vet Clinic unless otherwise specified Client Reference Number: _____ Insurance Claim? <input type="checkbox"/> Yes Possible Litigation? <input type="checkbox"/> Yes	Submitter and/or billing information: Name: _____ Address: _____ City: _____ Postal Code: _____ Phone: _____ Email (or Fax): _____
*Owner: _____ Premise ID: _____	Veterinarian: _____
Farm Name _____	Vet Clinic: _____
*Address: _____	Address: _____
*City: _____ *Postal Code: _____	City: _____ Postal Code: _____
*Phone: _____	Phone: _____
Email (or Fax): _____	Email (or Fax): _____
<input type="checkbox"/> CHECK THIS BOX IF THIS IS NEW CONTACT INFO	CFIA Fluff Sampling – copy of report to CFIA office
Sampling location: <input type="checkbox"/> Farm Address (as above) <input type="checkbox"/> Other Location (specify below): _____	
Address: _____ City: _____ Postal Code: _____	
Reason for Submission: <input type="checkbox"/> Diagnostic Investigation <input type="checkbox"/> Routine Monitoring <input type="checkbox"/> Surveillance <input type="checkbox"/> Special Project <input type="checkbox"/> Other (specify): _____	

*Type or Breed of bird(s): <input type="checkbox"/> Broiler <input type="checkbox"/> Broiler Breeder <input type="checkbox"/> Layer <input type="checkbox"/> Layer Breeder <input type="checkbox"/> Turkey <input type="checkbox"/> Waterfowl _____ <input type="checkbox"/> Avian - not specified _____	
Flock Size: _____	Birds currently at sampling location: <input type="checkbox"/> Yes <input type="checkbox"/> No
Age: _____ (d, w, m, y)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Mixed male and female <input type="checkbox"/> Unknown

Specify quantity	*Specimen(s) Submitted: Fluff: x _____ (CFIA Program Y / N) – if yes, attach CFIA Hatchery Microbiological Sampling Report Environmental Swab/Sponge: x _____ Booties: x _____ Other (specify): x _____ Date specimens collected: _____
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*** Please ensure all required information (in red) is completed. Samples with incomplete forms will not be tested.**

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Services Requested:*Bacteriology:**

Salmonella culture : _____

Other (specify): _____

Comments: *this is a follow up test to a previous positive*

Related previous case(s) Animal Health Centre number(s): _____

Animals and specimens submitted become the property of the AHC and are cremated on site following testing. Ashes cannot be returned. Information related to food-producing animal testing may be used by the Ministry of Agriculture for the purpose of summarized statistical surveillance of production animal health in BC. Personal details will not be disclosed, in accordance with the Freedom of Information and Protection of Privacy Act. In the event of a suspected reportable, notifiable or foreign animal disease, the AHC is obligated to comply with the federal Health of Animals and the provincial Animal Disease Control Acts by confirming the diagnosis and notifying the appropriate agencies.

Submitter's Signature: _____ Date: _____

*** Please ensure all required information (in red) is completed. Samples with incomplete forms will not be tested.**