

For AHC use only  
**Case #**



# ANIMAL HEALTH CENTRE

AAVLD—Accredited Laboratory

## Environmental (Fluff and Environmental Sample) Submission Form

Ministry of Agriculture  
 Abbotsford Agricultural Centre  
 1767 Angus Campbell Road  
 Abbotsford, BC V3G 2M3  
 604-556-3003; 1-800-661-9903  
 Fax: 604-556-3010

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	<b>Submitter and/or billing information:</b>	
	Name	
	Address	
	City:	Postal Code:
	Phone:	
Email (or Fax):		
* <b>Owner:</b> Premise ID: _____	<b>Veterinarian:</b>	
<b>Farm Name</b>	Vet Clinic:	
* <b>Address:</b>	Address:	
* <b>City:</b> * <b>Postal Code:</b>	City:	Postal Code:
* <b>Phone:</b>	Phone:	
Email (or Fax):	Email (or Fax):	
<input type="checkbox"/> CHECK THIS BOX IF THIS IS NEW CONTACT INFO	<b>CFIA Fluff Sampling – copy of report to CFIA office</b>	
<b>Sampling location:</b> <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):		

<b>*Type or Breed of bird(s):</b> <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

**\*Specimen(s) Submitted:**

Specify quantity	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: _____

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



## Environmental (Fluff and Environmental Sample) Submission Form

**\*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:** \_\_\_\_\_