



Ministry of Agriculture and Food

ANIMAL HEALTH CENTRE
BC Ministry of Agriculture and Food
1767 Angus Campbell Rd.
Abbotsford BC, V3G 2M3

www.gov.bc.ca/animalhealthcentre
AAVLD—Accredited Laboratory
604-556-3003 1-800-661-9903
Fax: 604-556-3010
Email: PAHB@gov.bc.ca

FOR LAB USE ONLY	ENTERED: _____	VERIFIED: _____	SENT: _____	
	DATE: _____	DATE: _____	PM <input type="checkbox"/>	SER <input type="checkbox"/>
CASE #: _____		COORD: _____		

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

CLIENT REFERENCE #:	COLLECTED ON: (YYYY/MM/DD)	SUBMITTED ON: (YYYY/MM/DD)
* SUBMITTED BY: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →)	SUBMITTER AND/OR BILLING:	
* BILL TO: <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →)	ACCOUNT #:	
* REPORTS TO: † <input type="checkbox"/> Owner <input type="checkbox"/> Vet Clinic <input type="checkbox"/> Other (Fill out info →)	NAME:	
† Reports will be sent by email (or fax) to each of the parties indicated above. Preliminary reports will be sent to Vet Clinic unless otherwise specified.	ADDRESS:	
ADDITIONAL REPORT EMAIL:	CITY:	PROVINCE:
ADDITIONAL REPORT EMAIL:	POSTAL CODE:	PHONE:
* OWNER: _____ PREMISE ID: _____	VETERINARIAN:	ACCOUNT #:
FARM NAME:	VET CLINIC:	
* ADDRESS:	ADDRESS:	
* CITY: _____ * PROVINCE:	CITY:	PROVINCE:
* POSTAL CODE: _____ * PHONE:	POSTAL CODE:	PHONE:
EMAIL / FAX:	EMAIL / FAX:	
* SAMPLING LOCATION: <input type="checkbox"/> OWNER/FARM ADDRESS (AS ABOVE) <input type="checkbox"/> OTHER LOCATION (SPECIFY BELOW)		
ADDRESS:	CITY:	POSTAL CODE:
LATITUDE:	LONGITUDE:	UTM ZONE:
	EASTING:	NORTHING:

CFIA Fluff Sampling Copy of report to CFIA office *CFIA Fluff Program: No Yes – attach CFIA Hatchery Microbiological Sampling Report

(Required only for fluff samples)

* **SPECIES/TYPE OF BIRD:** For non-avian species, please submit environmental samples under corresponding species submission form.

CHICKENS: Broiler Broiler Breeder Layer Layer Breeder Layer Pullet Breeder Pullet

OTHER: Turkey Turkey Breeder Commercial Duck Commercial Goose Pigeon - Squab Raptor

Show/Exhibition (Specify Breed/Species): Pet (Specify Breed/Species):

Unknown/Other Bird Type (Specify Breed/Species):

AGE: D W M Y **SEX:** Male Female Mixed Male and Female Unknown

FLOCK SIZE: _____ **BIRDS CURRENTLY AT SAMPLING LOCATION?** Yes No

REASON FOR SUBMISSION: Diagnostic Investigation Monitoring/Surveillance Certify/Export/Pre-transfer

Research/Special Project (if different than Ref.#): Other (Specify):

* **SPECIMENS SUBMITTED AND SERVICES REQUESTED** For 10 or more samples email a digital spreadsheet to: PAHB@gov.bc.ca

Bacteriology (No antibiotic sensitivities will be performed on environmental samples)	* Samples	* Sent #	Received # <small>Lab Use Only</small>
<input type="checkbox"/> Salmonella culture	Environmental Swab		
<input type="checkbox"/> Aerobic culture	Environmental Sponge		
<input type="checkbox"/> Other Bacti:	Fluff		
COMMENTS: Please ensure any written testing requests are at the top of this field.	Booties		
	Balut		
	Dust		
	Waterline Swab		
	Bedding		
	Other (list):		
<input type="checkbox"/> THIS IS A FOLLOW UP TEST TO A PREVIOUS POSITIVE RELATED PREVIOUS AHC CASE #(s):			

*** IMPORTANT PLEASE READ:** By signing this form, the submitter acknowledges and agrees: 1) Specimens submitted are cremated on site following testing and ashes will not be returned. 2) Personal information supplied by the submitter is collected by His Majesty The King in right of B.C. as represented by the Minister of Agriculture and Food (AF) under s. 26(c) of the Freedom of Information and Protection of Privacy Act, for completing the requested testing and analysis. Such personal information will be used and disclosed only in accordance with that Act and the Animal Health Act. The submitter can direct any questions on personal information to PAHB@gov.bc.ca. 3) AF may use information related to food-producing animal testing for the summarized statistical surveillance of production animal health in B.C. 4) In the event of a suspected reportable, notifiable or foreign animal disease, the AHC must comply with relevant laws by confirming the diagnosis and notifying the appropriate agencies. 5) The AHC may send the specimen submitted to an external third-party laboratory for required testing at the discretion of the Case Coordinator, unless otherwise directed by the client.

*Submitter's Signature: _____ Date: (YYYY/MM/DD) _____