


Form Approved
OMB NO: 0920-xxxx
Exp. Date: X/XX/XXXX

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 **One Health Consultation Form**

One Health Consultation Form

Timeout Warning

Please complete the form below. Please print the form by pressing Ctrl + P, prepare your answers before starting, and then complete it all at once without leaving the page for more than 15 minutes. **Beware that the system will time out after 15 minutes of inactivity when you are in another application such as Excel or email, causing you to lose your work.**

i Instructions:

Please provide information here regarding for animals you have consulted on for SARS-CoV-2 testing.

If you wish to edit previously entered data, visit object explorer at: <https://protect.hhs.gov/workspace/hubble> and search for OHWG

*** Did any tests result in confirmed or positive reading?**

Yes No

Submitter Information

1. Submitter Name	2. Created at	* 3. Submitter State
MOORE, TAYLOR	Wed, Jul 7, 2021, 10:35:21 AM	Select an option...

*** 4. Submitter Designation**

Select an option...

One Health Consultation Form

Submitter Information

* 4. Submitter Designation


Select an option...

Please type in your designation if it is not listed in dropdown.

Animal Information (before date of initial notification)


<p>5. Animal ID</p> <p>Name/ID</p> <p>Optional State-Level animal Name/ID</p>	<p>* 6. Species (Type in if not listed)</p> <p>Select an option...</p> <p>Please type in species if it is not listed in dropdown.</p>	<p>7. Breed</p> <p>Select or Enter</p> <p>Please type in breed if it is not listed in dropdown.</p>
<p>8. DOB</p> <p>MM/DD/YYYY</p>	<p>9. Age (in years)</p>	<p>10. Age (in months)</p>
<p>* 11. Sex</p> <p>Select an option...</p>	<p>* 12. State, District, Territory where animal resides</p> <p>Select an option...</p>	<p>13. 'County, Parish, etc'</p> <p>Select an option...</p>

Epidemiological Investigation

 If today's date, select "Today" in bottom left of drop-down calendar.

One Health Consultation Form

Epidemiological Investigation

 If today's date, select "Today" in bottom left of drop-down calendar.

* 14. Date of initial notification

* 15. Start date of investigation

* 16. Reason for report

Select an option... ▼

If this animal was detected through an active surveillance activity (e.g., household transmission study, shelter investigation, seroprevalence study, banked samples), select "Active Surveillance". Please type in all other reasons not listed in dropdown.

17. Animal Housing Situation

Select an option... ▼

Please type in housing situation if it is not listed in dropdown.

18. Animal's typical access to outdoor spaces

Select an option... ▼

Please type in access type if it is not listed in dropdown.

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Epidemiological Investigation

19. Linked to more than one animal in a household/facility/cluster?

Please assign an ID consisting of one or more capital letters (ABC) to index this case with other animals or humans together as a case' contact group. Additional cases can be listed in the questions that follow

20. Epi-link to person(s) with COVID-19

Select an option...

21. Epi-link to animal(s) with SARS-CoV-2

Select an option...

Clinical Signs

22. Clinical Signs Present?

Select an option...

24. Final outcome of the animal


Select an option...

25. Did the animal have any pre-existing conditions?


Select an option...

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Clinical Signs

 Please enter testing information below.

This form accepts up to 3 tests.

 26. Was SARS-CoV-2 testing recommended for this animal?

Test recommended x ▼

 27. Was SARS-CoV-2 testing conducted for this animal?

Test conducted x ▼

When was the initial sample collected for testing?

MM/DD/YYYY

Initial Lab Type (Select or fill other lab type e.g. 'Private' or 'NAHLN' etc.)

Select an option... ▼

Please type in lab type if it is not listed in dropdown.

Zoonotic SARS-CoV-2 Event Form - Form Preview

One Health Consultation Form

Presumptive Test- Name of lab

State where presumptive testing occurred

Select an option...

Presumptive Test- Result

Select an option...

Using the USDA case definition (see link), what is the case status of the animal?

Select an option...

https://www.aphis.usda.gov/animal_health/one_health/downloads/SARS-CoV-2-case-definition.pdf

Oral Swab

Select an option...

Nasal Swab

Select an option...

Conjunctival swab

Select an option...

Zoonotic SARS-CoV-2 Event Form - Form Preview

One Health Consultation Form

Rectal

Select an option...

Fecal Sample

Select an option...

Fur Sample

Select an option...

Serum Sample

Select an option...

Post-mortem tissue

Select an option...

Other (Describe Other Sample Type and Test Result)

If result was confirmed at USDA NVSL, what was the result?

Select an option...

Confirmation Date of NVSL testing

MM/DD/YYYY



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Confirmation Date of NVSL testing

Was another health professional (SAHO, SPHV, Wildlife Official, etc.) within your state involved in testing consultations for this animal?

i Do you have additional testing information to enter?
You may add up to 2 additional sets of testing information.

Yes

36. Case Status

e.g., results and epi investigation complete

37. Notes **i**

39. Animal

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testing consultations for this animal.

Select an option... ▼

i Do you have additional testing information to enter?

You may add up to 2 additional sets of testing information.

Yes

36. Case Status

Select an option... ▼

e.g., results and epi investigation complete

37. Notes **i**

39. Animal

ARCougar-0101-4257

(Please retain this Animal Record Referral # as a lookup reference)

* 40. I have...

saved the above animal number for future referral.

Submit