

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
1920 DAYTON AVENUE, AMES, IA 50010
515-337-7266**

HPAI H5N1MILK SUBMISSION FORM

PAGE _____
OF _____

| | | | | | |
|---|--------------|-----------------------------|-------|---------------------------------|--------------------------------------|
| 1. SUBMITTER INFORMATION | | 2. OWNER INFORMATION | | 3. LOCATION OF ANIMALS | |
| NAME (Including Business Name) | | OWNER NAME | | COUNTY | STATE |
| EMAIL ADDRESS (For results reports) | | OWNER CITY | STATE | NATIONAL PREMISES ID | |
| MAILING ADDRESS (Street, City, State, ZIP Code) | PHONE NUMBER | 4. COLLECTED BY | | NATIONAL ACCREDITATION NUMBER | |
| | FAX NUMBER | 5. DATE COLLECTED: | | 6. REFERRAL NUMBER (FAD NUMBER) | |
| 7. PURPOSE OF SUBMISSION ("X" Must select one, but ONLY one option) <input type="checkbox"/> Program (Herd Status) Testing <input type="checkbox"/> Healthy Animal/Herd (Non-Program) <input type="checkbox"/> Sick Animal/Herd <input type="checkbox"/> Research <input type="checkbox"/> Animal Movement | | | | | 8. TOTAL NUMBER OF SAMPLES SUBMITTED |

| 9. SAMPLE INFORMATION | | | | | |
|-----------------------|---------------------------------|-----|--|--|---|
| SAMPLE NO. | IDENTIFICATION | | SAMPLE SOURCE | | COMMENTS: NO OF COWS REPRESENTED IN SAMPLE: <input type="text"/> |
| | IF SINGLE ANIMAL SAMPLE: | | <input type="checkbox"/> HEALTHY SINGLE <input type="checkbox"/> HEALTHY SILO <input type="checkbox"/> HEALTHY STRING <input type="checkbox"/> SICK COW(s) SAMPLE <input type="checkbox"/> HEALTHY BULK TANK <input type="checkbox"/> FRESH COW(s) SAMPLE <input type="checkbox"/> HEALTHY TANKER TRUCK | | |
| | BREED | AGE | | | |
| SAMPLE NO. | IDENTIFICATION | | SAMPLE SOURCE | | COMMENTS: NO OF COWS REPRESENTED IN SAMPLE: <input type="text"/> |
| | IF SINGLE ANIMAL SAMPLE: | | <input type="checkbox"/> HEALTHY SINGLE <input type="checkbox"/> SICK COW(s) SAMPLE <input type="checkbox"/> HEALTHY STRING <input type="checkbox"/> FRESH COW(s) SAMPLE <input type="checkbox"/> HEALTHY BULK TANK <input type="checkbox"/> HEALTHY TANKER TRUCK | | |
| | BREED | AGE | | | |
| SAMPLE NO. | IDENTIFICATION | | SAMPLE SOURCE | | COMMENTS: NO OF COWS REPRESENTED IN SAMPLE: <input type="text"/> |
| | IF SINGLE ANIMAL SAMPLE: | | <input type="checkbox"/> HEALTHY SINGLE <input type="checkbox"/> SICK COW(s) SAMPLE <input type="checkbox"/> HEALTHY STRING <input type="checkbox"/> FRESH COW(s) SAMPLE <input type="checkbox"/> HEALTHY BULK TANK <input type="checkbox"/> HEALTHY TANKER TRUCK | | |
| | BREED | AGE | | | |
| SAMPLE NO. | IDENTIFICATION | | SAMPLE SOURCE | | COMMENTS: NO OF COWS REPRESENTED IN SAMPLE: <input type="text"/> |
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| | BREED | AGE | | | |
| SAMPLE NO. | IDENTIFICATION | | SAMPLE SOURCE | | COMMENTS: NO OF COWS REPRESENTED IN SAMPLE: <input type="text"/> |
| | IF SINGLE ANIMAL SAMPLE: | | <input type="checkbox"/> HEALTHY SINGLE <input type="checkbox"/> SICK COW(s) SAMPLE <input type="checkbox"/> HEALTHY STRING <input type="checkbox"/> FRESH COW(s) SAMPLE <input type="checkbox"/> HEALTHY BULK TANK <input type="checkbox"/> HEALTHY TANKER TRUCK | | |
| | BREED | AGE | | | |

10: REQUIRED FOR PROGRAM (Herd Status): **SIGNATURE OF COLLECTOR AND DATE:** *I certify that samples were collected according to the herd plan.*

11. ADDITIONAL DATA (History, clinical signs, remarks, special instructions. Use additional sheets, if necessary).

LABORATORY USE ONLY

VS FORM 12-1INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

1. SUBMITTER CONTACT INFORMATION “REQUIRED”

Enter the submitter’s business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business email. Enter an email address to which APHIS can return test results. Multiple email addresses are permissible. Provide a complete mailing address. If email is not available, test reports may be mailed, but this will delay delivery of results and may incur a fee. Repeat submitters are encouraged to be consistent with the submitter contact information that is provided, as the NVSL keeps a master record

2. OWNER INFORMATION “REQUIRED”

Enter the complete name of the owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian.

3. LOCATION OF THE ANIMALS “REQUIRED”

Specify the county, parish, or other designated location of the animals and the two-letter State abbreviation. Premises ID is required. Contact your state veterinary office to obtain.

4. COLLECTED BY

Enter the complete name of the person collecting the specimen(s).

5. DATE COLLECTED “REQUIRED”

Enter the date on which specimens were collected. Use the format DD/MM/YYYY. If samples were collected on different days, write the sample collection date in the comments section for each sample.

7. PURPOSE OF SUBMISSION “REQUIRED”

Definitions of Diagnostic Case Categories are as follows:

Program (Herd Status) testing – Tests conducted under the H5N1 Herd Status program. The collector must sign the bottom of the form certifying samples were collected according to the approved herd plan.

Heathy Animal/Herd – Tests conducted when animals or the herd does not clinical signs of a disease (above normal herd dynamics) and chooses not to participate in the official Herd Status Program.

Sick Animal/Herd – Tests conducted when animals or the herd have clinical signs of a disease.

Animal Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.

Research – Tests conducted for the purpose of supporting a research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.

8. TOTAL NUMBER OF SAMPLES SUBMITTED “REQUIRED”

Enter the total number of samples submitted from this farm.

9. SAMPLE INFORMATION “REQUIRED”

Collect samples in vials provided by the [NAHLN laboratory](#) or the local [District VS office](#). Use provided bar codes and place one barcode on the tube of milk and one on the VS-XX form under Sample No.

Enter the identification information. If the sample is from an individual animal, use the official ID. If the sample is an aggregate sample, use appropriate identifying information that allows for repeated sampling if necessary. Fill out breed and age for individual samples only.

Sample Source: Select the most appropriate box. Individual samples must include milk from all lactating quarters from the cow. Select the most appropriate box for aggregate samples and use the comment area to clarify if needed. Include collection dates in the comment area if they vary between samples. Ensure to include the number of cows representing the aggregate sample.

10. SIGNATURE OF COLLECTOR AND DATE

Required for Program (Herd Status) samples: Ensure the sample collector signs the form verifying the samples were collected according to the herd plan.

11. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab.

- Provide detail on collections as needed
- Include any information that did not fit into its designated space elsewhere on the form.
- Include any special (non-standard) instructions for test report delivery