

**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 H5N1 MILK SILO SUBMISSION  
FORM**

PAGE  
OF

1. SUBMITTER INFORMATION	
NAME (Including Business Name)	PREMISES ID:
EMAIL ADDRESS (For results reports)	4. COLLECTED BY
MAILING ADDRESS (Street, City, State, ZIP Code)	PHONE NUMBER
	FAX NUMBER
	5. DATE COLLECTED:
	8. TOTAL NUMBER OF SAMPLES SUBMITTED

9. SAMPLE INFORMATION				
SAMPLE NO. (BAR CODE)	IDENTIFICATION (BTU numbers)			COMMENTS:
				DATE COLLECTED:
SAMPLE NO. (BAR CODE)	IDENTIFICATION (BTU numbers)			COMMENTS:
				DATE COLLECTED:
SAMPLE NO. (BAR CODE)	IDENTIFICATION (BTU numbers)			COMMENTS:
				DATE COLLECTED:
SAMPLE NO. (BAR CODE)	IDENTIFICATION (BTU numbers)			COMMENTS:
				DATE COLLECTED:
SAMPLE NO. (BAR CODE)	IDENTIFICATION (BTU numbers)			COMMENTS:
				DATE COLLECTED:

**10: SIGNATURE OF COLLECTOR AND DATE:** *I certify that samples were collected according to the USDA National Silo Monitoring plan.*

11. ADDITIONAL DATA (Remarks, special instructions. Use additional sheets, if necessary).	LABORATORY USE ONLY
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## **VS FORM 12-2 INSTRUCTIONS**

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

### **4. COLLECTED BY**

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

### **5. DATE COLLECTED**

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.

### **8. TOTAL NUMBER OF SAMPLES SUBMITTED “REQUIRED”**

Enter the total number of samples submitted from this farm.

### **9. SAMPLE INFORMATION**

Collect samples in vials provided by the National Veterinary Services Laboratories. 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 BTU numbers associated with the sample. Ensure the complete BTU number, including the state code is used.

### **10. SIGNATURE OF COLLECTOR AND DATE**

Ensure the sample collector signs the form verifying the samples were collected according to the USDA National Silo Monitoring plan.

### **11. ADDITIONAL DATA**

Enter pertinent information 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