



## Avian Sample Submission Form for APHA Weybridge

### Client's name and address

Postcode:

### Veterinary practice

Phone Number:   
Clinician:

### Address where birds kept, if different from above

Postcode:

Your reference:   
CPHH No:   
Flock code (if applicable)

### Bird Details

Chicken Turkey Duck Goose Partridge Pheasant Other Please specify \_\_\_\_\_  
Breed/Strain Please specify \_\_\_\_\_ Male Female Mixed N/A

### Purpose (Please enter the main enterprise under which the affected birds are kept)

Breeder/parent- Layers Layers (rear) Pet/Backyard/Show Game (rear) Game (breed)  
Breeder/parent- Meat Broilers/Meat Captive/ Zoo Other Please specify

### Type of Housing

Organic Production? Yes No Unknown  
Controlled environment Pen/Barns Free range Commercial cages Other (release pen, wire, etc)

### Reason for Submission

Are the samples for: Import Export Quarantine  
Are the samples from animals (or group) showing clinical signs? Yes (Diagnostic) No (Monitoring)  
Has there been any previous discussion/sample submission from this case/outbreak? Yes No  
If yes, see below:  
Sample/carcass submitted Submission number Discussed by phone APHA farm visit

### Clinical Signs

Wasting/poor condition Recumbent Respiratory Egg drop Unknown  
Abnormal faeces Lameness Skin/Feather Egg quality Healthy  
Upper GIT signs Musc/skel Found dead Poor hatchability N/A  
Vent/cloacal disorders Nervous signs Non-specific clinical signs Other

### Detailed clinical history

Total number in flock	Number in affected group	Number of affected birds (incl dead)	
Age when birds placed	Duration of clinical signs	Number of birds died	
Relevant notes		<b>Age of birds now</b> If appropriate, please use this table to help describe the morbidity/mortality pattern:	
		<b>Mortality</b>	<b>Culls</b>
		<b>Cumulative mortality</b>	
		<b>Today</b>	
		<b>Yesterday</b>	
	<b>Day before</b>		

Do you suspect zoonotic/SAPO organism presence in these samples? If yes, give details above Yes No

Were birds resident in the UK at time of sampling? Yes No Date Sample was taken \_\_\_\_\_

**TESTS REQUIRED****Avian Influenza**

- HAIT  TC0917 Serum
- AGIDT  TC0916 Serum
- PCR (AI Generic) Single  TC0691 Swabs – single oropharyngeal and/or single cloacal per bird
- Pooled  TC0285 Swabs - single oropharyngeal and/or single cloacal per bird (to be pooled at APHA up to 5 swabs per pool)
- PCR (H5 Specific) Single  TC0695 Swabs – single oropharyngeal and/or single cloacal per bird
- Pooled  TC0282 Swabs - single oropharyngeal and/or single cloacal per bird (to be pooled at APHA up to 5 swabs per pool)

**Newcastle Disease**

- PCR Single  TC0782 Swabs – single oropharyngeal and/or single cloacal per bird
- Pooled  TC0284 Swabs - single oropharyngeal and/or single cloacal per bird (to be pooled at APHA up to 5 swabs per pool)
- HAIT  TC0922 Serum – for PPMV-1 and NDV only
- Avian Virus Isolation**  TC0923 Serum – for all other APMV

Avian Influenza/ NDV  TC0815 Virus isolation in SPF eggs via allantoic cavity for NDV, avian paramyxovirus and avian influenza

**Please note: Only metal/plastic swabs can be accepted by the lab. These must not be put in any media. Oropharyngeal and cloacal swabs must not be pooled together.**

The above is NOT comprehensive. Please refer to the APHA website for details of other tests and current price list.  
<https://www.gov.uk/guidance/laboratory-test-price-lists>

If test required is not listed above please give details including TC code here.

**BIRD AND SAMPLE INFORMATION**

If more space is needed please attach a second form and complete only the client's name, practice name and sampling date on one side.

**Data Protection 1998:** In addition to reporting the results back to the people named on this form, we may also use the data provided and the results produced for other purposes. Please see the data protection statement in our Price List or on our website [www.gov.uk/apha](http://www.gov.uk/apha).

Please tick the box if samples cannot be used for anonymous surveillance or test validation purposes.

OFFICIAL ID	SAMPLE ID <i>Animal name or tube number</i>	SEX	AGE	SAMPLE TYPE	APHA USE ONLY <i>Sample Ref. No.</i>

**I have taken these samples from the animals described above.**

Signature:

Name in  
BLOCK letters:

Date:

**Testing is subject to the APHA general terms and conditions which are available from your Regional Laboratory or from APHA Weybridge. Incomplete submission forms may result in a delay to the test of samples.**

**DATA PROTECTION**

For information on how we handle personal data please go to [www.gov.uk](http://www.gov.uk) and search Animal and Plant Health Agency Personal Information Charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.