|   | on Testing<br>r (mandato                |                                 |                 |  | Р                       | Page                 | of                  |
|---|---|---------------------------------|-----------------|--|-------------------------|----------------------|---------------------|
| Excl                                      | usior                                   | Test                            | ing for         | NAD (cont                                  | inuation to API         | HA1 form)            |                     |
| Part 1 -                                  | · Details o                             | of Owner,                       | Veterinary      | Practice & Sub                             | mitting Veterinari      | ian                  |                     |
| lame of                                   | owner                                   |                                 |                 |  |                         | Fe                   | or lab use          |
| Practice<br>Address<br>Felephor<br>Number | and                                     |                                 |                 |  |                         |                      | only                |
| ick one                                   | method for                              | Reporting                       | results Fa      | x 🗌 Fax nu                                 | umber                   |                      |                     |
| Enter fa                                  | x number c                              | or e-mail ad                    | dress) Em       | nail 🗌 Email                               | address                 |                      |                     |
| Name of<br>Submittir<br>n BLOC<br>LETTER  | ng Vet                                  |                                 |                 | Signature of<br>Submitting<br>Veterinarian |                         | Date                 |                     |
| Part 2 -                                  | Epidemi                                 | ological (                      | groups for      | samples detaile                            | d in Part 4 & Tes       | t/Service Requ       | ests                |
|   |   |                                 |                 | ·  | Number of swab sa       | mples of each type   |                     |
| Epi<br>Group<br>ID                        |   | g location<br>e/Shed<br>number) | Species         | Total<br>number of birds<br>in group       | Oropharyngeal           | Cloacal              | For lab<br>use only |
| A<br>B                                    |   |                                 |                 |  |                         |                      |                     |
| С   |   |                                 |                 |  |                         |                      |                     |
| D<br>E                                    |   |                                 |                 |  |                         |                      |                     |
|   | uore than fiv                           | e Epi. Grou                     | ıps 🗍           | Total A - E                                |                         |                      |                     |
| Fick Test<br>one only                     | t Required<br>y)                        | A                               | I PCR only      |  | ND PCR only             | Al and ND P          | CR 🗌                |
|   | ting Service<br>d (one only)            |                                 | tandard (in wo  | orking hours)                              |                         | Out-of-hours         |                     |
| Date san                                  | nples collec                            | cted                            |                 | Date & Tir                                 | me samples dispatche    | ed                   |                     |
| Part 3 -                                  | Details o                               | of APHA                         | Authorising     | y Vet                                      |                         |                      |                     |
| \PHA                                      | f Authorisir<br>Veterinaria<br>K LETTER | an                              |                 | APHA<br>Office                             |                         | Date                 |                     |
| DATA PR                                   | ROTECTION                               |                                 |                 |  |                         |                      |                     |
| or inform                                 |   |                                 | personal data p | lease go to www.gov.u                      | uk and search Animal an | d Plant Health Agenc | у                   |

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## Part 2 continued. Epidemiological groups for samples detailed in Part 4

|                    |   |            |                                | Number of swab sam | For lab |          |  |
|--------------------|---|------------|--------------------------------|--------------------|---------|----------|--|
| Epi<br>Group<br>ID | Sampling location<br>(House/Shed<br>name or number) | Species    | Total number of birds in group | Oropharyngeal      | Cloacal | use only |  |
| F                  |   |            |                                |                    |         |          |  |
| G                  |   |            |                                |                    |         |          |  |
| Н                  |   |            |                                |                    |         |          |  |
| I                  |   |            |                                |                    |         |          |  |
| J                  |   |            |                                |                    |         |          |  |
| K                  |   |            |                                |                    |         |          |  |
| L                  |   |            |                                |                    |         |          |  |
| М                  |   |            |                                |                    |         |          |  |
| N                  |   |            |                                |                    |         |          |  |
| 0                  |   |            |                                |                    |         |          |  |
| Р                  |   |            |                                |                    |         |          |  |
| Q                  |   |            |                                |                    |         |          |  |
| R                  |   |            |                                |                    |         |          |  |
| S                  |   |            |                                |                    |         |          |  |
| Т                  |   |            |                                |                    |         |          |  |
| U                  |   |            |                                |                    |         |          |  |
| ٧                  |   |            |                                |                    |         |          |  |
| W                  |   |            |                                |                    |         |          |  |
| Х                  |   |            |                                |                    |         |          |  |
| Υ                  |   |            |                                |                    |         |          |  |
| Z                  |   |            |                                |                    |         |          |  |
|                    |   |            | Total F to Z                   |                    |         |          |  |
|                    | Final Total for S                                   | ubmission: |                                |                    |         |          |  |

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## Part 4 - Bird details

Instructions:

Please complete a separate Part 4 of the form for each epidemiological group of birds. Label the samples exactly as specified in the <u>Samples Collected</u> part of the table. If you sample more than 20 birds in a group please complete a blank form (Part 4 Continuation Sheet) for 21 onwards, using the same labelling protocol as shown here. APHA will use the sequential Bird ID numbers. If any bird sampled is showing clinical signs, please indicate using the tick box provided.

| D                 | ate samples collected |              | Epi. Group ID                        |             |    |
|-------------------|-----------------------|--------------|--------------------------------------|-------------|----|
| Bird ID<br>number | Sample                | es Collected | Tick if<br>showing<br>clinical signs | APHA Use On | ly |
|                   | Oropharyngeal Swab    | Cloacal S    |                                      |             |    |
| 1                 | 1P                    | 1C           |                                      |             |    |
| 2                 | 2P                    | 2C           |                                      |             |    |
| 3                 | 3P                    | 3C           |                                      |             |    |
| 4                 | 4P                    | 4C           |                                      |             |    |
| 5                 | 5P                    | 5C           |                                      |             |    |
| 6                 | 6P                    | 6C           |                                      |             |    |
| 7                 | 7P                    | 7C           |                                      |             |    |
| 8                 | 8P                    | 8C           |                                      |             |    |
| 9                 | 9P                    | 9C           |                                      |             |    |
| 10                | 10P                   | 10C          |                                      |             |    |
| 11                | 11P                   | 11C          |                                      |             |    |
| 12                | 12P                   | 12C          |                                      |             |    |
| 13                | 13P                   | 13C          |                                      |             |    |
| 14                | 14P                   | 14C          |                                      |             |    |
| 15                | 15P                   | 15C          |                                      |             |    |
| 16                | 16P                   | 16C          |                                      |             |    |
| 17                | 17P                   | 17C          |                                      |             |    |
| 18                | 18P                   | 18C          |                                      |             |    |
| 19                | 19P                   | 19C          |                                      |             |    |
| 20                | 20P                   | 20C          |                                      |             |    |

If submitting samples from more than 20 birds, please use the continuation sheet below. If sampling less than 20 birds, please cross out the other Bird ID/Samples Collected rows that are not needed.

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| •        | •    |    |  |

## Part 4 - Bird details Continuation Sheet

Instructions:

Please complete a separate Part 4 of the form for each epidemiological group of birds. Label the samples exactly as specified in the <u>Samples Collected</u> part of the table. If you sample more than 20 birds in a group please complete a blank form (Part 4 Continuation Sheet) for 21 onwards, using the same labelling protocol as shown here. APHA will use the sequential Bird ID numbers. If any bird sampled is showing clinical signs, please indicate using the tick box provided.

| С              | ate samples collected | Epi. G       | Group ID                             |               |
|----------------|-----------------------|--------------|--------------------------------------|---------------|
| Bird<br>number | Samples               | Collected    | Tick if<br>showing<br>clinical signs | APHA Use Only |
|                | Oropharyngeal Swab    | Cloacal Swab |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |
|                | Р                     | С            |                                      |               |

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.

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