



Newcastle disease surveillance laboratory submission form

Submitter details

Date of sample collection	<input type="text"/>	Date of submission	<input type="text"/>
Submitter	<input type="text"/>	Contact number	<input type="text"/>
Name of property	<input type="text"/>		
Property identification code (PIC)	<input type="text"/>		
Newcastle disease vaccination status	<input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated		
Address of property	<input type="text"/>		
Flock history (complete only for submission from sick birds) - age, management system, type of bird, morbidity/mortality, clinical signs, production.			

Samples submitted

Purpose of submission

Mandatory submission

Bloods 15
 Cloacal swabs 10
 Tracheal swabs 10
 Dead birds

Other samples

Comments

Signature	<input type="text"/>	Date	<input type="text"/>
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