

FMD SAMPLE SUBMISSION FORM

F-2201-02

<p><u>Sender details</u> Country:..... Your Reference No..... Name of Institute:..... Address:..... Tel:..... fax:..... Email:.....</p>	<p><u>Owner Details</u> Owner's name..... Address:..... District/Province:..... Region:..... Country:..... Tel:Fax:.....</p>
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<u>Sample Details</u>					
Epithelium tissue <input type="checkbox"/>	Vesicle fluid <input type="checkbox"/>	Virus culture <input type="checkbox"/>	Serum <input type="checkbox"/>	Other <input type="checkbox"/>	
Number of animals sampled:					
Sample Identification:					
Date collected: /...../.....			Date of dispatched: /...../.....		

<u>Outbreak details</u>											
Date first noticed:		Date reported:			Duration:.....days			Number of heard involved:			
Species	Breed	Sex	Number of animals				Age of affected animals				
			In outbreak	Affected	Dead	Slaughtered	0 - 0.6 m	0.6- 1 y	1-2 y	2-3y	> 3y
Cattle											
Buffalo											
Pig											
Sheep											
Goat											
Other											
Species	Vaccinated			Vaccination regime				Vaccine serotype	Vaccine Producer	Batch No.	
	Yes	No	Last date	4 m	6 m	1 y	Other				
Cattle											
Buffalo											
Pig											
Sheep											
Goat											
Other											
Date of previous infection- On farm/...../.....					In area...../...../.....			Serotype:			
Possible origin place, country, method of spread		Marketing <input type="checkbox"/>		Adjacent premises <input type="checkbox"/>		New stock <input type="checkbox"/>		Other <input type="checkbox"/>			
		Control measures		Complete Slaughter <input type="checkbox"/> Partial slaughter <input type="checkbox"/>		Quarantine Measures <input type="checkbox"/>		Vaccination <input type="checkbox"/>			

Comments: _____

Signed: _____ Date: _____