

APHA Weybridge Woodham Lane, New Haw, Addlestone, Surrey, Plant Health KT15 3NB Tel: 03000 600022 Email:lab.services@apha.gov.uk

For Private Lab Use

Submission ref.:

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APHA Ref. No.: Date received:

Zoonoses Order 1989

Salmonella Supplementary Form – General

This ZO2 should be completed alongside the appropriate APHA species submission form

1.1 a) Name and address of person/laboratory making report; (lick ONE box below and specify PVS details at 1.1 b if required) APHA Veterinary Investigation Centre specified above Vet Practice/Private Lab given on Submission form Signature: 1.1 b) If Veterinary Practice name and address is not given on the Submission form, please specify details below: Postcode: 1.2 a) Name and address of place where sample taken: (Tick box below OR provide details in space provided then complete b to e) County: Pestcode: County: Pestcode: CPH No.: / 1.2 b) Map Ref. of premises where samples taken: Farm Human Food Premises 1.2 c) Map Ref. of sampling location* (if different) 1.2 e) Are the animals imported? Yes ⇒ Import date (mm/yy) County: County: Pestcode: County: Postcode: Yes (go to 1.4) No – please specify name, address, CPH 8 map reference for this location below. NK County: Postcode: Postcode: Post-mortem NK 1.3 is the premises at 1.2 a) where the animals are kept? Yes (go to 1.4) No – please specify name, address, CPH 8 map reference for this location below: Non-statutory diagnosis Zoonoses Order investigation Voluntary surveillance Project (specify project code)				
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Voluntary surveillance	Non-statutory diagnosis	;		
	Zoonoses Order investi	gation		
Project (specify project code)	Voluntary surveillance			
	Project (specify project	code)		

Animal & Plant Health Agency

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Section 2: Risk Assessment (to be comple		•		n, or by APHA).				
Complete this section in all cases <u>except</u> for reports of isolates made during ongoing or monitoring when it is known that the information has not changed.			nvestigations Tick if ongoing investigation/monitoring					
2.1 Has there been any recent diarrhoeal/ vo	miting illness in farm sta		Yes	No	N/K			
If a farm premises:	NA (<u>Go to 2.</u>							
2.2 Does it have a Bed & Breakfast or similar	_	Yes	No	N/K				
2.3 Do the public visit the farm (e.g. school vi	·	tes, shows)?	Yes	No	N/K			
2.4 Does it have a farm shop/ farm-gate sales	s/ local deliveries?	Home farm produ	uce Other produc	e No	N/K			
2.5 If a dairy enterprise is associated with the	nis premises:	NA (<u>Go to 2.6</u>)						
a) Does it sell milk or milk products direct to the public (includi local deliveries)?		Unpasteurised	Pasteuris	sed No	N/K			
b) Does it have an on-farm pasteurising/b	oottling plant?		Yes	No	N/K			
c) Does it produce any milk/ milk products	s intended for sale as ur	pasteurised?	Yes	No	N/K			
d) If any milk goes to a dairy/ food produc	er please give the name	e of the company:						
e) Has the dairy company/ food producer	been informed of the in-	cident?	Yes	No	N/K			
f) Do farm staff/residents/visitors consum	e raw milk/milk products	produced on the farm?	Yes	No	N/K			
Private Veterinary Surgeon's thoughts on:	NA (<u>Go to S</u> e	ection 3)						
2.6 Seriousness of the problem	Very serious	Serious	Moderate	Low grade	N/K			
2.7 Suspected origin of infection	Purchased livestock	Feedstuffs	Water	Wildlife	N/K			
	Other (specify)							
Section 3: (To be completed by the Nom	inated Officer)			For APHA	Use			
3.1 Is this case a potential new incident?	No Ye	Yes (please request TC1197 on FarmFile service request screen)						
3.2 Is this a 'Priority Case'?	No Ye	Yes (specify reason below & tick Priority Case box on ZO3)						
	As	Association with human illness						
	M	MDR Group B (see VISI 223)						
	M	MDR Group C2 (see VISI 193 & complete table on back of ZO3)						
	0	Other (specify)						
3.3 Has a Salmonella farm/premises investigation (ZO4) been initiated?			Ye	s No				
3.4 Is the Nominated Officer responsible for the premises (1.2a) located at this V.I.			Ye	s No				
If 'No', please specify V.I.C. at which 2 nd Nominated Officer is located:								
3.5 To which Local Authority will this case be reported?								
Nominated Officer's comments:								
nominated Officer 5 Confinents.								
Form NO Signature:			Date					
completed NO Signature:			completed:					
DATA PROTECTION								

For information on how we handle personal data please go to www.gov.uk and search Animal and Plant Health Agency Personal Information Charter.