

Exclusion Testing for NAD (continuation to VLA2 form)

Part 1 - Details of Owner, Veterinary Practice & Submitting Veterinarian

Name of owner	<input type="text"/>	For lab use only
Practice Name Address and Telephone Number	<input type="text"/>	

Tick one method for Reporting results Fax Fax number

(enter fax number or e-mail address) Email Email address

Name of Submitting Vet in BLOCK LETTERS	<input type="text"/>	Signature of Submitting Veterinarian	<input type="text"/>	Date	<input type="text"/>
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Part 2 - Epidemiological groups for samples detailed in Part 4 & Test/Service Requests

Epi Group ID	Sampling location (House/Shed name or number)	Species	Total number of birds in group	Number of swab samples of each type		For lab use only
				Oropharyngeal	Cloacal	
A						
B						
C						
D						
E						
Tick if more than five Epi. Groups <input type="checkbox"/>			Total A - E			

Tick Test Required (one only) AI PCR only ND PCR only AI and ND PCR

Tick Testing Service Required (one only) Standard (in working hours) Out-of-hours

Date samples collected Date & Time samples dispatched

Part 3 - Details of AHVLA Authorising Vet

Name of Authorising AHVLA Veterinarian in BLOCK LETTERS	<input type="text"/>	AHVLA Office	<input type="text"/>	Date	<input type="text"/>
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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.

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

Epi Group ID	Sampling location (House/Shed name or number)	Species	Total number of birds in group	Number of swab samples of each type		For lab use only
				Oropharyngeal	Cloacal	
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
P						
Q						
R						
S						
T						
U						
V						
W						
X						
Y						
Z						
Total F to Z						
Final Total for Submission: (A to E) + (F to Z)						

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 Samples Collected 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. AHVLA will use the sequential Bird ID numbers. If any bird sampled is showing clinical signs, please indicate using the tick box provided.

Date samples collected Epi. Group ID

Bird ID number	Samples Collected		Tick if showing clinical signs	AHVLA Use Only
	Oropharyngeal Swab	Cloacal Swab		
1	1P	1C	<input type="checkbox"/>	
2	2P	2C	<input type="checkbox"/>	
3	3P	3C	<input type="checkbox"/>	
4	4P	4C	<input type="checkbox"/>	
5	5P	5C	<input type="checkbox"/>	
6	6P	6C	<input type="checkbox"/>	
7	7P	7C	<input type="checkbox"/>	
8	8P	8C	<input type="checkbox"/>	
9	9P	9C	<input type="checkbox"/>	
10	10P	10C	<input type="checkbox"/>	
11	11P	11C	<input type="checkbox"/>	
12	12P	12C	<input type="checkbox"/>	
13	13P	13C	<input type="checkbox"/>	
14	14P	14C	<input type="checkbox"/>	
15	15P	15C	<input type="checkbox"/>	
16	16P	16C	<input type="checkbox"/>	
17	17P	17C	<input type="checkbox"/>	
18	18P	18C	<input type="checkbox"/>	
19	19P	19C	<input type="checkbox"/>	
20	20P	20C	<input type="checkbox"/>	

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.

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 Samples Collected 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. AHVLA will use the sequential Bird ID numbers. If any bird sampled is showing clinical signs, please indicate using the tick box provided.

Date samples collected

Epi. Group ID

Bird number	Samples Collected		Tick if showing clinical signs	AHVLA Use Only
	Oropharyngeal Swab	Cloacal Swab		
	P	C	<input type="checkbox"/>	
	P	C	<input type="checkbox"/>	
	P	C	<input type="checkbox"/>	
	P	C	<input type="checkbox"/>	
	P	C	<input type="checkbox"/>	
	P	C	<input type="checkbox"/>	
	P	C	<input type="checkbox"/>	
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