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| **Sample Submission - Surveillance** | | | | | | | | | | Case Reference No. | | | | | | | | |  | | Job Request Form (JRF) No. | | | | | | |
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| Disease Investigated | | | |  | | | | | | | | | | | | | | | | | |  | | **Surveillance** | | | |
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| **Please complete legibly and accurately** | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 1 - Owner Details** | | | | | | | | | | | | | | | | | | | | | |  | |
| Name | | | |  | | | | | | | | | | | | | | | | | |  | |
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| Telephone No. | | | |  | | | | | | | | | | | | | | | | | |  | |
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| Address of sampling location  *(if different from above)* | | | |  | | | | | | | | | | | | | | | | | |  | |
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| For lab use only | | | |
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| Postcode: | | | | | | | | | | | | | | | | | |
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| CPH No. at sampling location | | | | | | |  | | | | | | | | | | | | | | |  | |
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| GPS map ref. of premises location | | | | | | |  | | | | | | | | | | | | | | |  | |
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| **Part 2 - Reason for Sampling** (tick one) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre-Licence | PZ | | SZ | | | | TCZ | | | Epidemiology | | | | | | Restocking | | | | | Tracing | | | | Vaccination | | |
| Post-Licence | CZ | | RZ | | | | Other(specify) | | | | | | | | | | | | | | | | | | | | |
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| **Part 3 - Details of submitting Veterinarian or Technical Officer** (must match submission label on outer package) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of collection of samples | | | | | |  | | | | APHA office/FOB | | | | | | |  | | | | | | | | | | |
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| Signature of submitting Vet/Technical Officer | | | |  | | | | | | | | | | Name in  BLOCK LETTERS | | | | | | |  | | | | | | |
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| Contact Telephone No. | |  | | | | | | | | | | Name of Authorising  Veterinarian (if required) | | | | | | | | |  | | | | | | |
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| **De-brief Details - To be completed by De-brief Team in APHA/FOB** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Debrief | |  | | | | | | | Name of Debriefer in BLOCK LETTERS | | | | | | | | |  | | | | | | | | | |
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| Number of boxes submitted | | | | |  | | | | | |  | | | | JRF No. | | |  | | | | | | | | | |
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| **DATA PROTECTION**  For information on how we handle personal data please go to [www.gov.uk](http://www.gov.uk) and search Animal and Plant Health Agency Personal Information Charter. |

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| **Part 4 - Epidemiological Groups of Samples detailed in Part 5a or 5b** | | | | | | | | | | |
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|  | The information should be consistent with that collected on EXD40 or EXD44 (and premises plan) where appropriate so that the Epi Group identifier used can be clearly cross-referenced to the location being sampled. | | | | | **Type and number of samples e.g. blood, swabs, tissue, carcase, etc.** | | | | **For lab use only** |
| Epi.  group  ID | | Sampling location GPS ref. | Species | Total number in group | Number eligible to sample | Type | Type | Type | Type |
| A | |  |  |  |  |  |  |  |  |  |
| B | |  |  |  |  |  |  |  |  |  |
| C | |  |  |  |  |  |  |  |  |  |
| D | |  |  |  |  |  |  |  |  |  |
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| Y | |  |  |  |  |  |  |  |  |  |
| Z | |  |  |  |  |  |  |  |  |  |
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| **Part 5a - Animal Details (use only for animals except Birds, discard Part 5b of this form if no Birds)** |
| **Instructions**: Complete a separate part 5a (animal details) for each epidemiologically separate group of animals. If more than 20 animals are sampled in an Epi Group, ensure the JRF, Date and Epi Group details remain the same for all part 5’s relating to that group. Only enter local identifier if needed to identify for epidemiologist or targeted  re-sampling. Provide **all** animal ID details including microchip, passport number and names where applicable. |

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| JRF No. |  | Date |  | Epi. Group |  |

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| Ear tag/Animal ID and Name (where applicable) | Species/Breed | Age | Type of sample | **Unique Sample Reference Number** (sample label must cross reference with details provided in the EXD37 e.g. bar code, EX labels, animal ID) | **For lab use only** |
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| **If submitting more than 20 samples from this epidemiological group, please complete the total number of sheets below for the epidemiological group.** | | | | | |
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| **Part 5a continued - Animal Details (only for animals except Birds, discard Part 5b of this form if no Birds)** |
| Instructions: Complete a separate part 5a (animal details) for each epidemiologically separate group of animals. If more than 20 animals are sampled in an Epi Group, ensure the JRF, Date and Epi Group details remain the same for all part 5’s relating to that group. Only enter local identifier if needed to identify for epidemiologist or targeted re-sampling. Provide all animal ID details including microchip, passport number and names where applicable. |

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| JRF No. |  | Date |  | Epi. Group |  |

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| Ear tag/Animal ID and Name (where applicable) | Species/Breed | Age | Type of Sample | **Unique Sample Reference Number** (sample label must cross reference with the details provided in the EXD37, e.g. bar code, EX labels, animal ID) | **For lab use only** |
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| **If submitting more than 20 samples from this epidemiological group, please complete the total number of sheets below for the epidemiological group.** | | | | | |
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| **Part 5b - Bird details (use only for Birds, discard part 5a of this form if no other species sampled)** |
| **Instructions**: Please complete a separate form for each epidemiologically separate group of birds. Label the samples exactly as specified in the **Sampling Done** part of the table. If you sample more than 20 birds in a group please complete a blank form for 21 onwards, using the same labelling protocol as shown here. You only need to enter bird identifiers if they are needed to identify the birds later - otherwise APHA will use the sequential Bird IDs for report purposes. |

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| Bird Details | | | Sampling Done  Circle the samples taken, or enter in other. Label samples with the Epi Group and the code specified in the cells –  e.g. A1B for the blood from Bird 1 in Epi Group A | | | | | **For lab use only** | |
| Bird ID | Local Identifier (Optional) | Species (if group mixed) | Blood | Oroph Swab | Cloacal Swab | Carcass (dead or killed) | Other (Specify) |
| 1 |  |  | 1B | 1P | 1C | 1D 1K | 1 |  | |
| 2 |  |  | 2B | 2P | 2C | 2D 2K | 2 |  | |
| 3 |  |  | 3B | 3P | 3C | 3D 3K | 3 |  | |
| 4 |  |  | 4B | 4P | 4C | 4D 4K | 4 |  | |
| 5 |  |  | 5B | 5P | 5C | 5D 5K | 5 |  | |
| 6 |  |  | 6B | 6P | 6C | 6D 6K | 6 |  | |
| 7 |  |  | 7B | 7P | 7C | 7D 7K | 7 |  | |
| 8 |  |  | 8B | 8P | 8C | 8D 8K | 8 |  | |
| 9 |  |  | 9B | 9P | 9C | 9D 9K | 9 |  | |
| 10 |  |  | 10B | 10P | 10C | 10D 10K | 10 |  | |
| 11 |  |  | 11B | 11P | 11C | 11D 11K | 11 |  | |
| 12 |  |  | 12B | 12P | 12C | 12D 12K | 12 |  | |
| 13 |  |  | 13B | 13P | 13C | 13D 13K | 13 |  | |
| 14 |  |  | 14B | 14P | 14C | 14D 14K | 14 |  | |
| 15 |  |  | 15B | 15P | 15C | 15D 15K | 15 |  | |
| 16 |  |  | 16B | 16P | 16C | 16D 16K | 16 |  | |
| 17 |  |  | 17B | 17P | 17C | 17D 17K | 17 |  | |
| 18 |  |  | 18B | 18P | 18C | 18D 18K | 18 |  | |
| 19 |  |  | 19B | 19P | 19C | 19D 19K | 19 |  | |
| 20 |  |  | 20B | 20P | 20C | 20D 20K | 20 |  | |
| **If submitting more than 20 samples from this epidemiological group, please complete the total number of sheets below for the epidemiological group.** | | | | | | | | |
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| **Part 5b continued - Bird details (use only for Birds, discard part 5a of this form if no other species sampled)** |
| **Instructions**: Please complete a separate form for each epidemiologically separate group of birds. Label the samples exactly as specified in the **Sampling Done** part of the table. If you sample more than 20 birds in a group please complete a blank form for 21 onwards, using the same labelling protocol as shown here. You only need to enter bird identifiers if they are needed to identify the birds later - otherwise APHA will use the sequential Bird IDs for report purposes. |

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| Bird Details | | | Sampling Done  Circle the samples taken, or enter in other. Label samples with the Epi Group and the code specified in the cells  e.g. A1B for the blood from Bird 1 in Epi Group A | | | | | **For lab use only** |
| Bird ID | Local Identifier (Optional) | Species (if group mixed) | Blood | Oroph Swab | Cloacal Swab | Carcass (dead or killed) | Other (Specify) |
|  |  |  | B | P | C | D    K |  |  |
|  |  |  | B | P | C | D    K |  |  |
|  |  |  | B | P | C | D    K |  |  |
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|  |  |  | B | P | C | D    K |  |  |
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| **If submitting more than 20 samples from this epidemiological group, please complete the total number of sheets below for the epidemiological group.** |
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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.