



H5N1 Influenza Laboratory Surveillance Form

Business Name _____ Collection Date _____
 PIN REQUIRED* _____ Veterinarian _____
 Address _____ Clinic Name _____
 City, State, Zip _____ Address _____
 Phone Number _____ City, State, Zip _____
 E-Mail _____ Cell Number _____
 Total Number of Animals Tested _____ E-Mail _____

*To obtain a PIN: [kansas-pin-registration-form.pdf \(ks.gov\)](http://kansas-pin-registration-form.pdf(ks.gov))

The required sample type for lactating dairy cows is milk.

Type of Surveillance		Type(s) of Animals Tested – Check all that apply			
<input type="checkbox"/> Pre-movement <input type="checkbox"/> Clinical Signs <input type="checkbox"/> Interest in Disease Status		<input type="checkbox"/> Lactating Dairy Cows <input type="checkbox"/> Non-Lactating Dairy Cows <input type="checkbox"/> Dairy Calves		<input type="checkbox"/> Other: _____	
Tube #	Sample Bar Code	Sample Type	Sex	Breed	Animal Information (Official ID)
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			
		<input type="checkbox"/> Milk <input type="checkbox"/> Nasal Swab			

Revised 4/24

I certify that H5N1 Influenza testing was done on the animals identified on this form and understand that the cost of the test will be covered by USDA.

Submitter's Signature _____ Submitter's Printed Name _____

