

Lab Use Only – Please do not write in this area.

Accession #: \_\_\_\_\_



**VETERINARY  
DIAGNOSTIC CENTER**  
*Livestock Poultry Health*

UPS/FedEx/Courier/USPS  
500 Clemson Rd.  
Columbia, SC 29229

Receptionist: 803 788-2260  
Facsimile: 803 788-8058  
Receiving: 803 726-7831

## HPAI Livestock Submission Form

### Sampler Information

Milk Sampler Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Accredited Veterinarian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Office Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Owner / Location Information

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Location Contact Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Official Premises ID: \_\_\_\_\_  Request PIN

Farm Name: \_\_\_\_\_

Email: \_\_\_\_\_

Paid by:  Veterinarian  Owner  USDA

Signature of Licensed Veterinarian, Owner or Authorized Agent: \_\_\_\_\_



Date Sample(s) Collected \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Movement Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Size of Herd: \_\_\_\_\_ Number of samples submitted: \_\_\_\_\_ Sample Type: \_\_\_\_\_

Reason for testing:  Movement  Sick or FADI  Herd Status  Contact (Epi) Farm

Additional Information: \_\_\_\_\_

**Official Animal ID**

**Species**

**Breed**

**Age**

	Official Animal ID	Species	Breed	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

(Sample entry continued on back page)

**HPAI Livestock Submission Form**  
**(Continuation Page)**

	Official Animal ID	Species	Breed	Age
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
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25				
26				
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28				
29				
30				

**Clemson Veterinary Diagnostic Center (CVDC)  
Request for Animal Testing and Waiver and Release of Liability for Testing**

When USDA VS discontinues the Influenza A testing program, I agree to pay CVDC for the costs associated with requested testing as published in the current service and fee schedule. I understand that results, in most cases, require knowledge of the veterinary sciences and/or the animal's diagnostic history for correct interpretation and for this reason, CVDC highly recommends that a licensed Veterinarian or Veterinary Clinic be consulted.

I understand that all samples and specimens submitted to CVDC may be subject to screening/surveillance testing for foreign animal diseases and diseases of economic and zoonotic significance as authorized by the State Veterinarian, Director of CULPH. Results of requested testing and screening/surveillance testing may have public health consequences for animals and/or humans and may mandate certain response actions from CULPH and/or other state and federal agencies. In these cases, I agree to cooperate with CULPH by providing information about the animals/specimens and any possible sources of infection. Results, including the owner's name and address, may be reported to local, state or national public health or animal health agencies.

Under CULPH supervision, these response actions may include but are not limited to the Herd Health Plan and Further Testing as recommended by CULPH/USDA.

I release the trustees, officers and employees of Clemson University from all liability associated with this testing.