

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: _____

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 Within State Movement State to State Sick or FADI Herd Status Contact (Epi) Farm

Additional Information: _____

	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				
24				
25				
26				
27				
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.