



# Newcastle disease surveillance laboratory submission form

## Submitter details

Date of sample collection	<input type="text"/>	Date of submission	<input type="text"/>
Submitter	<input type="text"/>	Contact number	<input type="text"/>
Name of property	<input type="text"/>		
Property identification code (PIC)	<input type="text"/>		
Newcastle disease vaccination status	<input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated		
Address of property	<input type="text"/>		
<b>Flock history</b> (complete only for submission from sick birds) - age, management system, type of bird, morbidity/mortality, clinical signs, production.			

## Samples submitted

### Purpose of submission

### Mandatory submission

☐ Bloods 15 ☐ Cloacal swabs 10 ☐ Tracheal swabs 10 ☐ Dead birds

### Other samples

### Comments

Signature	<input type="text"/>	Date	<input type="text"/>
-----------	----------------------	------	----------------------