



AGRICULTURE, FISHERIES & CONSERVATION DEPARTMENT
VETERINARY LABORATORY DIVISION

漁農自然護理署 獸醫化驗所

Tai Lung Veterinary Laboratory, Lin Tong Mei, Sheung Shui, New Territories, Hong Kong
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Laboratory Submission Form 化驗申請表

Avian Influenza Surveillance 禽流感監察

For office use only 本署專用:

Case Manager 檔案主管: _____ Registration Completed 已完成以下登記 <input type="checkbox"/> _____ Sign/date 簽名/日期 Specimen Received (樣本接收) <input type="checkbox"/> _____ Sign/date 簽名/日期 Entered Into LIMS (已入 LIMS) <input type="checkbox"/> _____ Sign/date 簽名/日期 Checked LIMS (核實 LIMS) <input type="checkbox"/> _____ Sign/date 簽名/日期 Created Batch (分配批次)	Case No.: _____ 檔案編號: _____ Date of Receipt 接收日期: _____
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1/ Details of Submitter / Contact 申請人及聯絡資料

Submitter's name 申請人姓名: _____

Contact person's name (if different from the above) 聯絡人姓名(若與申請人不同): _____

Contact organisation and address 聯絡部門及地址: _____

Contact Tel. No. 電話號碼: _____

E-mail address 電郵地址: _____

Contact Fax No. 傳真號碼: _____

2/ Details of Bird(s) 禽鳥資料

Species & Breed 物種及品種: _____

Live 活禽 / Dead 屍體 / Processed Products 禽鳥產品 (Chilled 冰鮮 Frozen 冷藏 Others 其他 _____)

Location of the Bird(s) 禽鳥所屬地點: _____
(e.g. Market, shop, other ID. 例如街市/店名/其他識別)

Your Reference No. 申請部門之參考號碼: _____

Date and time of Sample Collection 樣本採集日期及時間: _____

3/ Details of Samples and Tests Requested 樣本及測試資料

Type of Samples 樣本類別	Quantity 數量	Age (Day) 日齡	Remarks (e.g. No. of swabs and/or birds per vial..., etc.) 備註 (例如 瓶內代表拭子及/或禽鳥數目...等)
Blood 血液			
Swab vial 棉花拭子瓶			
<input type="checkbox"/> Cloacal 泄殖腔			
<input type="checkbox"/> Droppings 地上糞便			
<input type="checkbox"/> Environmental 環境			
<input type="checkbox"/> Oropharyngeal 口咽			

<input type="checkbox"/> Serology 血清學 - HI test 血凝抑制測試 <input type="checkbox"/> H5 <input type="checkbox"/> H7 <input type="checkbox"/> Others 其他 _____	<input type="checkbox"/> Mol. Biol. 分子生物學 - PCR 聚合酶連鎖反應測試	<input type="checkbox"/> Virus isolation 病毒分離 - Chicken egg inoculation 雞胚接種	<input type="checkbox"/> Others 其他 _____
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Remarks:

Sampling / Testing Services (e.g. confirmatory testing by a second laboratory) may be conducted by an external provider for the submitted specimens and reporting of results are covered.

樣本可能由其他實驗室提供採樣/測試服務(例如: 由另一實驗室進行確認測試), 並在報告內涵蓋測試結果。

Specimens which are deemed unsuitable or inappropriate for diagnostic testing will not be accepted.

化驗所將不會接收不適合作測試的樣本。

I understand and agree to the above arrangement. 本人明白及同意上述安排。

Submitter's signature 申請人簽署: _____ Date 日期: _____

4/ Further Information 其他相關資料

Mortality 死亡率：

_____ / _____ (No. of dead birds / Total No. 死鳥數/總鳥數)

Morbidity 發病率：

_____ / _____ (No. of birds developing the disease / Total No. 發病鳥數/總鳥數)

Onset (date/time) of the disease 發病日期及時間： _____

Others 其他：

For Laboratory Use only 化驗所專用：

Test Selection

Serology

- HI
 Others (please specify)

Molecular Biology

- RRT-PCR
 Gel-PCR
 Others (please specify)

Virology

- Embryonated egg inoculation
 Tissue culture
 Others (please specify)

Pathology/Others

- Gross pathology
 Histopathology
 All other tests (please specify)

Remarks