



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

香港新界上水蓮塘尾大龍獸醫化驗所

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Laboratory Submission Form 化驗申請表

Avian Influenza Surveillance 禽流感監察

For office use only:

<p>Case Manager: _____</p> <p>Following Registration Completed 以下類別登記完成</p> <p><input type="checkbox"/> _____ 簽名/日期 PM Samples (解剖樣本)</p> <p><input type="checkbox"/> _____ 簽名/日期 Client submitted specimen (送來樣本)</p> <p><input type="checkbox"/> _____ 簽名/日期 Entered Into LIMS (已入電腦)</p>	<p>Case No. Label: _____</p> <p>檔案編號標籤: _____</p> <p>Date of Receipt 接收日期: _____</p>
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Please fill in ALL details and tick the appropriate box(es) 請填寫各項有關資料並在適合方格內加入 "✓"

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 (若與申請人同): _____
- Contact organisation and address 聯絡部門及地址: _____
- Contact Tel. No. 電話號碼: _____ Contact Fax No. 傳真號碼: _____

2) Details of Birds 禽鳥資料:

- Species/Breed 品種: _____
- Live 生 / Dead 死 / Processed Products 禽鳥產品 (Chilled 冰鮮, Frozen 冷藏, Other 其他 _____)
- Location of the Bird(s) 禽鳥所屬地點: _____
(eg. 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 (eg. 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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Remark:

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。

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. dead / No. total 死鳥數/總鳥數)
- **Morbidity 發病率:**
_____/_____(No. bird developing the disease /No. total 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

Remarks

Serology

- HI
- HI (with RDE and/or Kaolin treatment)
- Directigen
- 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)