



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

香港新界上水粉錦公路蓮塘尾大龍獸醫化驗所

Tel. No. 電話: 852-2461 8791 Fax No. 傳真: 852-2461 8421

**Laboratory Submission Form (Wild bird Diseases Surveillance Only)**

**化驗申請表(野鳥疾病監察專用)**

For office use only 本署專用:

<b>Case Manager 檔案主管:</b> _____ Registration Completed 已完成以下登記 <input type="checkbox"/> _____ Specimen Received Sign/date 簽名/日期 (樣本接收) <input type="checkbox"/> _____ Entered Into LIMS Sign/date 簽名/日期 (已入 LIMS)	Case No. : _____ 檔案編號: _____ Date of Receipt 接收日期: _____
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**1/ Particulars of Submitter 申請人資料**

Name of Submitter 申請人姓名: \_\_\_\_\_

Sending Report to 發報告致:  AI (Avian Influenza) Control Desk 禽流感監控組- Fax 2672 0324

Others (please specify) 其他 (請註明) \_\_\_\_\_

**2/ Particulars of Collector 收集人資料**

Name & Post 姓名及職位: \_\_\_\_\_

Department / Company Name 部門/公司名稱: \_\_\_\_\_

Correspondence 地址: \_\_\_\_\_

Telephone no. 電話號碼: \_\_\_\_\_ Fax no. 傳真號碼: \_\_\_\_\_

**3/ Details of the Bird(s) 雀鳥資料**

Species 品種: \_\_\_\_\_ Collection date 收集日期: \_\_\_\_\_

Time 時間: \_\_\_\_\_ Quantity 樣本量: \_\_\_\_\_

Your reference 參考資料: \_\_\_\_\_

Location of sample collection 樣本收集地點: \_\_\_\_\_

ICC or other reference 其他參考資料: \_\_\_\_\_

**4/ Type of Specimen 樣本類別**  Carcass 屍體  Swab 拭子  Others 其他 \_\_\_\_\_

**5/ Examination Requested 所需化驗\*\***  Avian Influenza (AI) 禽流感測試  Others 其他 \_\_\_\_\_

\*\* 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。

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

Signature of collector 收集人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

**Post-mortem findings / samples collected (For office use only)**

Carcass#	Species	Samples taken	No Sample taken
	<input type="checkbox"/> Not applicable <input type="checkbox"/> To be confirmed	<input type="checkbox"/> Trachea swab+Cloacal swab <input type="checkbox"/> Tissues: Heart and Brain <input type="checkbox"/> Others: _____	<input type="checkbox"/> Dried up carcass <input type="checkbox"/> Severe autolysis <input type="checkbox"/> Damaged body <input type="checkbox"/> Incomplete body <input type="checkbox"/> Inanimate object <input type="checkbox"/> Non-avian species <input type="checkbox"/> Others _____
	<input type="checkbox"/> Not applicable <input type="checkbox"/> To be confirmed	<input type="checkbox"/> Trachea swab+Cloacal swab <input type="checkbox"/> Tissues: Heart and Brain <input type="checkbox"/> Others: _____	<input type="checkbox"/> Dried up carcass <input type="checkbox"/> Severe autolysis <input type="checkbox"/> Damaged body <input type="checkbox"/> Incomplete body <input type="checkbox"/> Inanimate object <input type="checkbox"/> Non-avian species <input type="checkbox"/> Others _____

Supplementary Form 97AS attached

Prosector: \_\_\_\_\_

Date: \_\_\_\_\_