



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

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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 化驗室專用:

Case Manager 檔案主管: _____ Following Registration Completed 以下類別登記完成 <input type="checkbox"/> _____ PM Samples Sign/date (簽名/日期) (解剖樣本) <input type="checkbox"/> _____ Client submitted specimen Sign/date (簽名/日期) (送來樣本) <input type="checkbox"/> _____ Entered Into LIMS Sign/date (簽名/日期) (已入電腦)	VLD case no. and Date of Receipt 化驗所檔案編號及接收日期
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1/ Particulars of Submitter 申請人資料

Name of Submitter 申請人姓名: _____

Submitter other than Dead Bird Collection Unit 其他申請人: _____

Your reference 參考資料: _____

Report sent to 報告往: AI (Avian Influenza) Control Desk – Facsimile 2361 6950

Others (please specify)

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 number 電話號碼: _____ Facsimile 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 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 _____

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 _____
	<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 _____

please refer to the supplementary page....

Prosector: _____ Date: _____