

SC DHEC Dead Bird Submission and Reporting Sheet for West Nile Virus (rev. March 2012)

Local ID No.: _____



-LAB USE ONLY-	
Specimen Type: _____	Specimen No.: _____
Initials: _____	Date Received: _____ Dissection Date: _____

- See instruction sheet for determining if the dead bird(s) should be submitted and for shipping instructions.
- If more than one bird of the same species is being submitted from the same dead bird site, complete and submit only one form.
- Submit separate sheets for each different species.
- Exception: Fill out an individual sheet for a bird that was euthanized, and mark the bag so it can be identified.

NOTE: The "boxed" areas will be completed at the SC DHEC Bureau of Laboratories.

Species of dead bird(s) [common name]: _____

Date bird was first seen: _____ Date bird was collected: _____

Number of dead birds seen: _____ Number of dead birds submitted: _____

Was the bird found ill and later euthanized? Yes No _____

If bird was euthanized, what substance or method was used? _____

**Location of
Dead Bird
Site**

State: _____ County: _____ City: _____ ZIP: _____

Specific Location _____

If not a street address, provide detailed driving directions
with distances from nearby road intersections.

Coordinates: W _____ ° (X; Longitude) | N _____ ° (Y; Latitude)

**Person
Reporting
Dead Bird(s)**

Name: _____

Address: _____

City, State ZIP: _____

*Phone #: _____ Ext _____ Cell #: _____

E-Mail Address: _____

**Person &
Agency
Submitting
this Form**

Name: _____

Agency: _____

Address: _____

City, State ZIP: _____

*Phone #: _____ Ext _____ *Fax #: _____

E-Mail Address: _____

* Required for results notification

-LAB USE ONLY-			
<input type="checkbox"/> WNV POSITIVE ^(pos)	<input type="checkbox"/> WNV NEGATIVE ^(neg)	<input type="checkbox"/> EEE POSITIVE ^(pos)	<input type="checkbox"/> EEE NEGATIVE ^(neg)
<input type="checkbox"/> UNACCEPTABLE FOR TESTING:	<input type="checkbox"/> Too decomposed;	<input type="checkbox"/> Not testing this species;	<input type="checkbox"/> Not currently testing birds in this area.
Date of Results: _____	Date of Result Notification: _____	Initials: _____	
Comments: _____			