



CWHC OFFICE USE ONLY

Necropsy # _____ AIV Sample? _____
Incident # _____

SUBMITTER INFORMATION

Organization _____ Address _____
Name _____
Phone number _____
Email address _____ Fax number _____

FINDER INFORMATION (if different from above)

Name _____ Address _____
Phone number _____
Email address _____ Copy report to _____ (Name and either email, fax, or address)

SPECIMEN INFORMATION

Species _____ Specimen ID/Reference # _____
Date found or collected _____ # Submitted _____
Date of death (if known) _____ Total dead _____ Total sick _____ Total healthy _____
Whole carcass or portion? _____ Age _____ Sex _____
How found? _____ (Dead/alive & died/shot/trapped/angled/netted etc.) If held in captivity; for how long? _____
How euthanized? _____ How were samples stored? _____ (Fresh/cool/frozen/fixed etc.)

LOCATION WHERE SPECIMEN WAS FOUND

Address/Location description _____ Latitude _____ GPS Coordinates (please use degree decimal WGS84 setting & four decimal places)
(Please be specific. Enter legal land description here if known) Longitude _____
or UTM Coordinates _____

ADDITIONAL DETAILS

Clinical signs such as: unusual behaviour and physical appearance, environmental circumstances (land use, habitat types, agricultural practices, proximity to roads or power lines, potential for poisoning etc.), climatic factors, suspected diseases, was the animal treated for disease, were samples sent to a lab (if so, which lab?). Where multiple animals/species are involved, please list total dead/sick/healthy by species if known. If samples were collected and sent to a lab, what type of sample and which lab?

NOTE: If you need more space, please use the other side of this page.

Please note; submission of this form signifies permission for the retention and use of the personal information contained herein for the purposes of correspondence, follow-up investigation, reporting of results, and geographical analysis of incidents.

