CATTLE INFLUENZA TESTING SUBMISSION FORM

FedEx/UPS/Drop Off Address:
CSU Veterinary Diagnostic Lab
2450 Gillette Drive Fort Collins, CO 80526
dlab@colostate.edu
(970) 297-1281

VETERINARIAN

Name _____
Clinic Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____

OWNER/PRODUCER **Premises address is required for submissions**

Name _____
Business _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____
Federal Premises ID _____

TESTING TYPE

- ☐ Bulk milk tank surveillance
- ☐ Intrastate movement (within your state)
- ☐ Interstate movement (between states)
  - ☐ Individual*
  - ☐ Pooled* (milk only)
- ☐ FAD investigation
- ☐ Sick herd testing
- ☐ Export (international) movement
- ☐ Mammal from cattle premises
- ☐ Bird from cattle premises

DAIRY TYPE

- ☐ Commercial Grade A or Manufacture Grade
- ☐ Raw Milk Dairy

*USDA will only cover the cost of 30 tests. Cost of testing more than 30 individual or pooled samples must be covered by the owner/producer.

ID	SAMPLE ID	SAMPLE TYPE	COLLECTION DATE
1		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
2		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
3		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
4		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
5		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
6		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
7		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
8		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
9		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
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11		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
12		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
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17		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
18		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
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23		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
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25		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
26		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
27		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
28		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
29		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	
30		☐ Milk ☐ Bulk Tank ☐ Nasal Swab	

If you need other testing please use a CSU VDL Submission Form or if you are submitting more sample submissions, please include the Multiple Animal Submission Form: https://vetmedbiosci.colostate.edu/vdl/.

CSU Veterinary Health System

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