Epidemiological Enquiry Form

1. Name and address of the farmer / farm: __________________________________________

_____________________________________________________________________

2. Species from which the samples collected: _________________________________

3. Species of birds and livestock in the farm (Please write the number of animals)

<table>
<thead>
<tr>
<th>Chicken</th>
<th>Duck</th>
<th>Turkey</th>
<th>Goose</th>
<th>Guinea fowl</th>
<th>Quail</th>
<th>Pig</th>
<th>Others (Pl Specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Type of birds (Please tick):

   Layer [ ] Broiler [x]

5. System of rearing:

   Backyard: [ ] Commercial [ ]

6. If Commercial:

   a. Method of rearing (tick the box)

      Caged [ ] Deep litter [ ]
      All in all out system [ ] Birds of various ages kept together [ ]

7. Breed / Line____________

8. Age of the birds: _________ weeks

9. Total no. of birds in the farm:_____________________

10. Clinical signs if any: _______________________________________________________

                                                                                   

11. Date of collection of samples ____________________

12. Date of start of the outbreak : _____________________
13. Mortality pattern, if available:

<table>
<thead>
<tr>
<th>No. of birds died on Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
</tr>
</thead>
</table>

14. Morbidity (birds showing clinical signs / total no. of birds): __________

15. Vaccination history:

<table>
<thead>
<tr>
<th>Disease</th>
<th>NDVF</th>
<th>NDVK</th>
<th>NDV-Lasota</th>
<th>IBD</th>
<th>IB</th>
<th>FPV</th>
<th>Marek’s disease</th>
<th>Any other (Pl specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age in weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Post mortem findings if any. : _________________________________________

_____________________________________________________________________

17. Type and number of samples sent:

   a. Tissue (Please specify):
      Name of the tissue: _____________  No.: ____________

   b. Swab (Please strike out which is not applicable):
      Tracheal / Cloacal / Oropharyngeal / Nasal  No.: ____________

   c. Serum:  No.: ____________

   d. Dead birds  No.: ____________

   e. Feces  No.: ____________

   f. Eggs  No.: ____________

18. Name of the preservative used, if applicable__________________________

19. Tentative diagnosis__________________________