



**BRITISH COLUMBIA EMERGING ZONOSSES (EZ) SENTINEL
ANIMAL HEALTH SURVEILLANCE
AGRICULTURAL DATA COLLECTION FORM**

Sentinel Name			
Last Name		First Name	
Examination Information:			
Date Case Seen (d/m/y): ____/____/____	Animal Group:	<input type="checkbox"/> Poultry o broiler o layer <input type="checkbox"/> Swine o farrow-finish	<input type="checkbox"/> Bovine o cow/calf o dairy o feedlot <input type="checkbox"/> Equine <input type="checkbox"/> Other
Species: _____	Age (average): _____ <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Unknown		
# in herd/flock: _____	# in pen/group: _____	# of affected animals: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both (in group) <input type="checkbox"/> Unknown
Reason for Examination:			
<input type="checkbox"/> Health Promotion/Prevention: vaccination, herd health, routine reproductive management, de-worming <input type="checkbox"/> Investigation: clinical disease/illness, decreased productivity* <input type="checkbox"/> Traumatic Conditions: lameness, lacerations, injuries, traumas <input type="checkbox"/> Post-Mortem * <input type="checkbox"/> Other* _____			
*** If Reason for Examination was Investigation, Post Mortem or Other, then Select Best Syndrome and Diagnostic Category:			
<input type="checkbox"/> Neurological o Brain o Eyes o Peripheral o Spinal Cord o Other	<input type="checkbox"/> Gastrointestinal o Diarrhea o Colic/Abdominal Pain o Bloat o Other	<input type="checkbox"/> Respiratory o Pneumonia o Problem Breathing o Nasal Discharge o Other	<input type="checkbox"/> Musculoskeletal o Bone/Joint o Muscle o Foot/Hoof o Other
<input type="checkbox"/> Reproductive o Abortion o Poor Conception o Mastitis o Metritis o Perinatal Mortality o Other		<input type="checkbox"/> Multi-Systemic	
<input type="checkbox"/> Sudden Death		<input type="checkbox"/> Dermatologic	
<input type="checkbox"/> Decreased Production			
<input type="checkbox"/> Other _____			
Do you suspect an infection? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Date of Onset:____/____/____(d/m/y)	Date of Death:____/____/____(d/m/y)	
Outcome: <input type="checkbox"/> Treated <input type="checkbox"/> Still in Treatment <input type="checkbox"/> Euthanized <input type="checkbox"/> Died <input type="checkbox"/> Transferred <input type="checkbox"/> Other _____			
Laboratory and Specimen Information:			
In-house Test(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test(s): _____		
In-house Post-Mortem: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Result(s): _____		
Submitted to Laboratory: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Test(s): _____		
Laboratory Name: _____	Submission Date(s): _____		
Result(s): _____			
Reason for <u>Submitting</u> Sample: <input type="checkbox"/> Obtain Diagnosis <input type="checkbox"/> Confirm Diagnosis <input type="checkbox"/> Important Outbreak <input type="checkbox"/> Severe Case <input type="checkbox"/> Owner Request <input type="checkbox"/> Other _____			
Reason for <u>Not Submitting</u> Sample: <input type="checkbox"/> No tests needed, animal(s) not ill <input type="checkbox"/> No tests needed, confident in diagnosis <input type="checkbox"/> Too expensive <input type="checkbox"/> Samples not easily obtained <input type="checkbox"/> Samples/Carcass Not Appropriate (i.e. decayed) <input type="checkbox"/> Test(s)/post-mortem/necropsy done in-house <input type="checkbox"/> Other _____			
Additional Notes			
EZ NUMBER:		Date Received: _____	

PLEASE FILL OUT FORM AND SUBMIT EITHER BY FAX 604-660-0197 OR EMAIL info@ezsurveillance.net
 All information collected is securely stored under the direction of the British Columbia Freedom of Information and Protection of Privacy Act (FIPPA) and Personal Information Protection Act (PIPA); no identifying information will be released at any time. If you have any questions about this project, please contact Linda Vrbova at 604-720-2422 or vrboval@interchange.ubc.ca.

