

SENTINEL CHICKEN BLOOD - 2016

PLEASE DO NOT PLACE THIS SHEET INSIDE THE ZIPLOCK BAG

VBDS PAGE NUMBER

REGISTERED AGENCY CODE: _____ *SITE CODE _____

Name of Agency: _____

Name of Site: _____ Nearest City or Place: _____

County: _____

DATE BLED : ____/____/____ BLED BY: _____

CONTACT NAME: _____ Telephone (____) ____ - _____

NAME OF ALTERNATE: _____ Telephone (____) ____ - _____

WING BAND NUMBER IN SEQUENCE	REMARKS OR STATUS ("New" dead, missing, etc.) For new birds added to flock, list the number and state "new"	WEEV	SLEV	WNV

Remarks:

A COPY OF THIS FORM MUST ACCOMPANY ALL SHIPMENTS OF CHICKEN BLOOD TO VBDS.
FUTURE SHIPMENTS FROM THIS SITE MUST USE THE SAME SITE CODE.