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.