



**INTERIM FIELD SPECIMEN COLLECTION FORM**  
**(Animal Form) ACCESSIONING FORM**

*CDC/NCID/POXVIRUS SECTION  
 1600 CLIFTON ROAD MS G-18  
 ATLANTA, GA 30333*

*TEL: (404) 639-4931 FAX: (404) 639-3111*

<b>CASE NUMBER</b> (Poxvirus Lab use only):	<b>DATE RECEIVED</b> (Poxvirus Lab use only):
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Submission instructions must be obtained from the state epidemiologist ([www.cste.org/members/state\\_and\\_territorial\\_epi.asp](http://www.cste.org/members/state_and_territorial_epi.asp)) and state health laboratory ([www.aphl.org/public\\_health\\_labs/index.cfm](http://www.aphl.org/public_health_labs/index.cfm)) before sending specimens to CDC.

<b>STATE OR LOCAL ID NUMBER</b>	<b>CDC POX UNIQUE ID NUMBER</b>
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<b>ANIMAL AND OWNER INFORMATION</b>	<b>ANIMAL CARE PROVIDER INFORMATION (SUBMITTED BY)</b>
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
City: _____	Address: _____
State: _____ Zip Code: _____	City: _____
County: _____	State: _____ Zip Code: _____
Country: _____	County: _____
Animal Common Name: _____	Country: _____
Species (Scientific Name If Known) _____:	Telephone 1: (____) _____ - _____
Sex: M / F /Unknown	Telephone 2: (____) _____ - _____
DOB: ___/___/___ No Info.	Fax: (____) _____ - _____
Additional Animal Descriptor: _____ _____	Email: _____

**STATE CONTACT INFORMATION**

Name of State Veterinarian or Primary Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of State Epidemiologist or Secondary Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone 1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Telephone 2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ANIMAL SOURCE INFORMATION**

Original Animal Source:

Pet Store     Swap Meet     Animal Importer     Breeder

Other, Specify: \_\_\_\_\_

Date of Acquisition: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ASSOCIATION WITH A HUMAN CASE**

Animal Associated with a Human Case?     Yes     No

Was Case Confirmed at the Time of Sample Collection?     Yes     No

Name or Unique Identification Number of Case: \_\_\_\_\_

**ASSOCIATION WITH OTHER ANIMALS**

Animal Associated with Other Animals, Household Contact or Otherwise?     Yes     No

Species or Common Name of Animal Contact: \_\_\_\_\_

Duration of Contact: \_\_\_\_\_

Unique Identification Number of Case if Known: \_\_\_\_\_

**ANIMAL HISTORY**

State of Animal     Living     Dead     Necropsy

Cause of Death     Natural Course     Euthanized

Reason for Euthanasia     Animal Moribund     Study Protocol

Date of Illness Onset    \_\_\_\_/\_\_\_\_/\_\_\_\_

Received Veterinary Care?     Yes     No

Outcome?     Recovered     Died    Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Symptoms: (Check all that apply)

- Conjunctivitis     Upper Respiratory Tract Infection     Weight Loss     Hair Loss  
 Loss of Appetite     Decrease in Normal Activity

Lesions:     Yes     No    Rash Onset Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lesion Type: (Check all that apply)

- Macules    Approx No: \_\_\_\_ Location: \_\_\_\_  
 Papules    Approx No: \_\_\_\_ Location: \_\_\_\_  
 Vesicles    Approx No: \_\_\_\_ Location: \_\_\_\_  
 Pustules    Approx No: \_\_\_\_ Location: \_\_\_\_

Other \_\_\_\_\_ (and see text box below)

**ANIMAL HISTORY AND OBSERVATIONS**

Only two specimens from the same animal can be reported on this page. Please print as many pages as needed (one page for every two specimens submitted).

**CDC POXLAB CASE NUMBER: 2003-** \_\_\_\_\_

**STATE OF ANIMAL AT COLLECTION:**  Living (Well)  Living (Ill)  Necropsy

Date Collected: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      DASH Number: \_\_\_\_\_

**SAMPLE MATERIAL (Circle)**

Vesicle Skin	Serum	Lung
Vesicle Swab	Oral Swab	Heart
Vesicle Fluid	Formalin-Fixed Tissue	Eyelid
Vesicle Skin	Gonad	Tongue
Pustule Skin	Feces	Brain
Pustule Fluid	Lymph Node	Ocular Swab
Crust	Urine	Tissue, Pooled
Oropharyngeal Tissue	Kidney	Liver
CSF	Spleen	Blood
Lesion	Skin	
Other, Specify:		

**COLLECTION METHOD (Circle)**

Swab	Slide	Container	EM Grid	Syringe	Biopsy / Formalin	Other, Specify
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