

MOST IMMEDIATE

F. No. 50-398/ 2011-LDT (AQ). Pt
Government of India
Ministry of Agriculture
Department of Animal Husbandry, Dairying and Fisheries

Krishi Bhawan, New Delhi
Dated the 1st November, 2016

Subject: Proforma for Referring Samples for Surveillance of Avian Influenza -Reg.

As you are aware, Avian Influenza is a highly contagious, dreadful avian disease with zoonotic potential. A good surveillance mechanism is utmost important for a good disease control programme.

2. It has been observed that the States are sending the samples to the Labs with inadequate information which creates a problem in tracing the source of samples and taking timely action.
3. This Department has revised a "Proforma for Referring Samples for Surveillance of Avian Influenza" (copy enclosed).
4. All States / UTs are requested to send the information while sending the samples to Laboratory for Surveillance of Avian Influenza.

Enclosure as above


(A.J.V. Prasad)
Joint Secretary to the Government of India

Distribution:

Principal Secretaries/ Secretaries of Animal Husbandry & Veterinary Services of all States/ UTs.

Copy to:

- i) Directors of AH of all the States / UTs.
- ii) NIC for putting on web site of the Department, under 'Bird Flu' link.

PROFORMA FOR REFERRING SAMPLES FOR SURVEILLANCE OF AVIAN INFLUENZA

STATE - _____ DISTRICT - _____ BLOCK - _____
 G.P. _____ Mouza/village _____

S.No	Lab/Sl No.	Date of receipt	Date of sample collection	Corporation/Municipality/Ward	Backyard poultry				Organized farms			Water body/Sa nctuary/ Zoos	Dead birds	Total number of samples			
					Duck		Chicken		No. of Serum		No. of throat swab			No. of dead birds		No. of Serum	
					No. of Serum samples	No. of tracheal swab	No. of cloaca swab	No. of dead birds	No. of Serum	No. of throat swab	No. of cloaca swab	No. of throat swab	No. of throat swab	No. of throat swab	No. of throat swab	No. of throat swab	No. of throat swab

No. _____ Submitted to the _____ Date: _____
 for favour of information and necessary action, please.
 Signature: _____
 Designation: _____
 Mobile Phone Number _____ email: _____
 Office phone No: _____
 Other Phone numbers: _____