

OSTRICH CENSUS & SAMPLING INFORMATION

OS_Samp_Census_1.5_Jan2023

ADMIN INFORMATION

*FARM REGISTRATION NUMBER	OS/08/													AI #							
FARM NAME																					
SURNAME																					
NAME																					
INITIALS											POSTAL ADDRESS										
TELEPHONE																					
FAX																					
CELL																					
DATE OF CENSUS		/		/																	

CENSUS & SAMPLING

	0-6 WEEKS	7 WKS - 5 MNTHS	SLAUGHTER AGE	BREEDERS	TOTAL
OSTRICH TOTALS					
AI SERUM					
AI CLOACAL SWABS					
AI TRACHEAL SWABS					
NCD SWABS					
NCD SERUM					
SERUM RESIDUE					
FOOD RESIDUE					

REASON FOR SAMPLING

<input type="checkbox"/>	SLAUGHTER	<input type="checkbox"/>	PRE MOVEMENT
<input type="checkbox"/>	6 MONTH SURVEY	<input type="checkbox"/>	28 DAY / POST MOVEMENT
<input type="checkbox"/>	NCD TEST		
<input type="checkbox"/>	OUTBREAK RESPONSE	<i>(Note: if Outbreak Response is ticked, indicate reason in OTHER below)</i>	
<input type="checkbox"/>	OTHER		

FARMER/MANAGER	AHT: NAME
SIGNATURE	SIGNATURE
As Farm Owner/Manager I certify that the census figures above are accurate and I understand that these figures may be used for disease control purposes and planning	

COMMENTS

PLEASE EXPLAIN DEFINITION OF THE EPIDEMIOLOGICAL GROUPS SAMPLED:

<input type="checkbox"/>	One Epi Group	<input type="checkbox"/>	x Group(s) \geq 500m apart	<input type="checkbox"/>	Other (Specify):
<input type="checkbox"/>	Two Age Groups	<input type="checkbox"/>	x Group(s) Post Movement Camp		

PLEASE INDICATE SAMPLE NUMBER & CAMP NUMBER:

Sample	-	-	-	-	-	-	-	-	-
Camp									
Sample	-	-	-	-	-	-	-	-	-
Camp									

PLEASE RECORD DETAILS OF ANY CLINICAL SIGNS: _____

If any suspicious AI clinical signs are noted on the farm also take TRACHEAL SWABS from THE AFFECTED groups