



## Location Information

|  |   |  |                                     |
|--|---|--|-------------------------------------|
| 1. Date sample collected ( <i>dd-mm-yyyy</i> )<br>□□-□□-□□□□   | 2. Division ( <i>block letters</i> )                  | 3. District ( <i>block letters</i> )                                     | 4. Upazila ( <i>block letters</i> ) |
| 5. Union ( <i>block letters</i> )  | 6. Mouza ( <i>optional</i> ) ( <i>block letters</i> ) | 7. Village ( <i>block letters</i> )                                      |                                     |
| 8. Name of contact person ( <i>block letters</i> )   | 10. Phone number of the contact person<br>□□□□□□□□□□  | 11. Sex<br><input type="checkbox"/> Female <input type="checkbox"/> Male |                                     |
| 9. Title/position  |   |  |                                     |
| <i>(Optional)</i><br>12. Latitude Decimal Degree ( <i>number</i> ) □□.□□□□□°<br>Longitude Decimal Degree ( <i>number</i> ) □□.□□□□□° |   |  |                                     |

## Samples Collected

| 13. Sample source<br><i>(check one)</i>  | Number of samples collected<br><i>(number)</i>                             | Sample type and description<br><i>(block letters)</i> | Sample ID<br><i>(as written on sample tube or container)</i> |
|--|--|---|--|
| <input type="checkbox"/> Deshi (backyard) chicken<br><input type="checkbox"/> Sonali chicken<br><input type="checkbox"/> Brown commercial chicken<br><input type="checkbox"/> White commercial chicken<br><input type="checkbox"/> Duck<br><input type="checkbox"/> Environment, specify<br><br><input type="checkbox"/> Other species, specify<br><br><hr/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |   |  |
| 14. Which laboratory are samples being sent to? <i>(block letters)</i>   |  |   |  |
| Sample collected by <i>(name, designation and phone)</i> :   | Signature:   |   |  |

**For Laboratory Use only**

|   |  |            |
|---|--|------------|
| Samples received in Lab by <i>(name)</i> :              | Date <i>(dd-mm-yyyy)</i> : <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Signature: |
| Laboratory sample ID <i>(block letters and numbers)</i> |  |            |
| Laboratory Result:                                      |  |            |

**ATTENTION:** *Check that you have all the information required to complete this form before you leave the village*