



## DISEASE INVESTIGATION

BANGLADESH U2C INITIATIVE  
Reporting Unit: Village/FarmINVESTIGATION ID (write here as provided by  
software after submitting form data):















## Village/Farm profile

1. Date Completed ( <i>dd-mm-yyyy</i> ) <input type="text"/> - <input type="text"/> - <input type="text"/>	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 <input type="text"/>	11. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
9. Title/position			
(Optional) 12. Latitude Decimal Degree ( <i>number</i> ) <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Longitude Decimal Degree ( <i>number</i> ) <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

## Meeting Information

13. Were you called out to the community to investigate sick/dead animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Did you conduct a meeting to build network or to raise community awareness on disease control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Did you search for sick/dead animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Were there any sick/dead animals found?	<input type="checkbox"/> Yes → (Fill in Outbreak Investigation Section) <input type="checkbox"/> No

## Outbreak Investigation

17. Date when your team received information on sick/dead animal ( <i>dd-mm-yyyy</i> ) <input type="text"/> - <input type="text"/> - <input type="text"/>		18. Estimated date of onset ( <i>dd-mm-yyyy</i> ) <input type="text"/> - <input type="text"/> - <input type="text"/>	
19. In what type of production system did the cases occur? ( <i>check one</i> )	<input type="checkbox"/> Farm	Has a farm assessment been conducted previously?	<input type="checkbox"/> Yes FARM ID ( <i>write here as provided during first assessment report</i> ): <input type="text"/> <input type="checkbox"/> No
	<input type="checkbox"/> Household		
	<input type="checkbox"/> Wildlife		
20. Species affected ( <i>check all that apply</i> )	Number of DEAD	Number of SICK	Total population on farm ( <i>or estimated village population</i> )
<input type="checkbox"/> Cattle (Meat)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Cattle (Milk)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Goat	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sheep	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Buffalo	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Poultry <input type="checkbox"/> Brown Comm. <input type="checkbox"/> White Comm. <input type="checkbox"/> Deshi (backyard) <input type="checkbox"/> Sonali	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other, specify _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. What clinical signs were observed? ( <i>block letters and comma separated</i> )	
22. Post mortem findings ( <i>block letters and comma separated</i> )	
23. Tentative Diagnosis:	
24. Number of sick/dead animals tested to confirm diagnosis ( <i>number</i> ) <input type="text"/> <input type="text"/> specimens	
25. Specimen type? ( <i>check all that apply</i> ) <input type="checkbox"/> Blood <input type="checkbox"/> Fecal <input type="checkbox"/> Urine <input type="checkbox"/> Swab <input type="checkbox"/> Other, specify _____	
26. Samples collected and sent to the lab? ( <i>check one</i> )	<input type="checkbox"/> Yes      No. of samples <input type="text"/> <input type="text"/> Date samples collected ( <i>dd-mm-yyyy</i> ) <div style="text-align: right;"><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>
	Sample ID 1: _____
	Sample ID 2: _____
	Sample ID 3: _____
	Sample ID 4: _____
<input type="checkbox"/> No Why? ( <i>check one</i> ) <input type="checkbox"/> No media available <input type="checkbox"/> Not necessary	
27. Initial control measure ( <i>check all that apply</i> )	<input type="checkbox"/> Vaccination
	<input type="checkbox"/> Isolation and quarantine
	<input type="checkbox"/> Depopulation ( <i>e.g. culling/stamping out</i> )
	<input type="checkbox"/> Other _____
28. Last documented similar incident	Location: _____      Date ( <i>dd-mm-yyyy</i> ) <div style="text-align: right;"><input type="text"/><input type="text"/>-<input type="text"/><input type="text"/>-<input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>
29. Additional investigation information:	
30. Laboratory Result:	

**Administration**

Name, designation and phone:	Working day ( <i>dd-mm-yyyy</i> )	Overnight ( <i>dd-mm-yyyy</i> )	Signature
1.			1.
2.			2.
Acknowledged by:		Approved by:	
Name _____ Signature _____		Name _____ Signature _____	

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

**ALWAYS CLEAN AND DISINFECT YOUR BOOTS, VEHICLE AND EQUIPMENT  
AFTER YOU COMPLETE YOUR ASSIGNMENT**