**Sample Information Sheet for Covid-19**

**CASE No.**

**For use at CCMB**

**(Only For Zoo Animals)**

**Please fill the form and submit along with sample(s). If required enclose additional information with this form**

**­­­**

1. **Name & Address of the Zoo/Park:**

|  |
| --- |
|  |
|  |

1. **Details of the animal**

|  |  |  |  |
| --- | --- | --- | --- |
| Species |  | Sex |  |
| Animal I.D (Name/No) |  | Age |  |

1. **Nature of sample** (mark with **√**)

|  |  |
| --- | --- |
| 1. Live Animal Screening |  |
| 1. Post-mortem\* |  |

\* Samples should be collected immediately after death, give date and time

1. **Clinical Signs: Y/N; If yes, give date of recording:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Loss of appetite |  | Sneezing |  | Cough |  | Dyspnoea |  | Fever |  |
| Diarrhoea |  |  |  |  |  |  |  |  |  |
| Any other specific symptoms: | | | | | | | | | |

1. **Pre-existing medical conditions please specify with date (eg. Bacterial, viral, parasitic diseases, tumours etc.)**

|  |
| --- |
|  |
|  |

1. **Was the animal ever exposure to laboratory confirmed COVID-19 symptomatic or asymptomatic person (s) (animal keepers/attendants/doctors) or animals?**
2. **Investigation details, if done with date:**
3. **Treatment details if given:**
4. **Specimen details:**
5. Date and time of Collection:
6. Sample I.D:
7. Sample Types:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nasopharyngeal swab |  | Saliva swab |  | Deep throat swab# |  |
| Oropharyngeal swab |  | Faecal sample\* |  | Lung swab# |  |
| Nasal swab |  |  |  | Lung piece# |  |
| Nasal Discharges |  |  |  |  |  |

\*optional, and should be accompanied with swab samples in VTM. # pertains to post-mortem samples (without blood contamination).

1. **Name and contact details of the authorized persons:**

|  |  |  |
| --- | --- | --- |
|  | Name of the Veterinary Officer |  |
|  | Mobile No |  |
|  | Mail I.D |  |
|  | Name of the Director/Curator |  |
|  | Mobile No |  |
|  | Mail I.D |  |

1. **The information provided above is as per our records.**

**Date: Authorized zoo personnel**