

SC DHEC Dead Bird Submission and Reporting Sheet

Local ID No. _____



- LAB USE ONLY -

Sample Type	Specimen No.
(1) _____	(1) _____
(2) _____	(2) _____
Date Received _____	
Initials _____	Date Sample Taken _____

- If more than one bird of the same species is being submitted from the same dead bird site, complete and submit only one form.
- Submit separate sheets for each different species.
- Exception: Fill out an individual sheet for a bird that was euthanized, and mark the bag so it can be identified.

Species of dead bird(s) [common name] _____

Date bird was first seen _____ Date bird was collected _____

Number of dead birds seen _____ Number of dead birds submitted _____

Was the bird found ill? Yes No Did the bird die on its own? Yes No Was the bird euthanized? Yes No

If the bird was euthanized, what substance or method was used? _____

Location of Dead Bird Site

State _____ County _____ City _____ ZIP _____

Specific Location _____
If not a street address, provide detailed driving directions by using distances from nearby road intersections.

Coordinates W _____ ° (X; Longitude); N _____ ° (Y; Latitude)

Person Reporting Dead Bird(s)

Name _____

Street Address _____

City _____ State _____ ZIP _____

*Phone # _____ EXT. _____ Cell # _____

E-Mail Address _____

Person & Agency Submitting this Form

Name _____

Agency _____

Street Address _____

City _____ State _____ ZIP _____

*Phone # _____ EXT. _____ *FAX # _____

E-Mail Address _____

*Required for results notification

—LAB USE ONLY—

West Nile Virus: Positive Negative Not Tested; **Eastern Equine Encephalitis:** Positive Negative Not Tested

UNACCEPTABLE FOR TESTING: Too decomposed; Not testing this species; Not currently testing birds in this area.

Date of Result _____ **Date of Result Notification** _____ **Initials** _____

Comments _____

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Form Title: SC DHEC Dead Bird Submission and Reporting Sheet

Purpose: To gather information about a dead bird being reported to SC DHEC for mosquito-borne virus testing. Information collected includes bird common name, date first seen, date collected, number of dead birds seen, number of dead birds submitted, illness detection, location, and contact information for the persons reporting and submitting the dead bird. Mosquito species and virus-testing results will be reported to CDC via ArboNET, which is a computerized national surveillance system designed to track occurrences of mosquito-borne viruses of public health importance. Data will be used to track mosquito-borne viruses and to identify locations for targeting prevention and control efforts.

Who Will Complete this Form: People who report and submit dead birds found in South Carolina will complete this form.

Office Mechanics and Filing: The completed form is filed in the Vector-Borne Diseases Laboratory at the South Carolina Department of Health and Environmental Control, Public Health Laboratory, 8500 Farrow Rd, Columbia, SC 29203, and perhaps at local SC DHEC health offices from which the dead bird was submitted. The completed form shall be retained until data is captured and verified or for 3 years, whichever is later, under Records Retention Schedule #18235 with the SC Department of Archives and History, Division of Archives and Records Management.

Form Completion

1. **Species of dead bird(s) [common name]:** common name of the bird species, such as "American Crow", "Fish Crow", "Blue Jay", "House Finch", or "House Sparrow"
2. **Date bird was first seen:** the date on which the bird was first seen dead or displaying signs of illness
3. **Date bird was first collected:** the date the dead bird was retrieved
4. **Number of dead birds seen:** the number of dead birds seen at the collection site
5. **Number of dead birds submitted:** the number of dead birds retrieved and submitted for testing from the collection site
6. **Was the bird found ill (Yes/No)?** Answer "Yes" if the bird was first seen alive and was displaying neurological symptoms consistent with West Nile virus prior to its death. Otherwise, answer "No". Commonly reported clinical signs in West Nile virus-infected birds include weakness, lethargy, shaking, seizures, inability to walk/fly/perch, blindness, and lack of fear of humans (i.e., are easily approached).
7. **Did the bird die on its own (Yes/No)?** Answer "Yes" if the bird died naturally. Answer "No" if the bird was euthanized.
8. **Was the bird euthanized (Yes/No)?** Answer "Yes" if the bird was euthanized. Answer "No" if the bird died on its own.
9. **If the bird was euthanized, what substance or method was used?** Enter the substance or method used to euthanize the bird. Physical methods include bludgeoned, cervical dislocation, decapitation, frozen, gunshot, and unknown physical method. Chemical inhalant methods include unknown anesthetic, carbon dioxide (CO₂), carbon monoxide (CO), chloroform, enflurane, halothane, isoflurane, methoxyflurane, nitrous oxide, toxic gas, and unknown chemical method). Chemical lethal injection methods include lethal injection (unknown substance) and barbiturate. Other methods include other, unknown, and died on its own.

Location of Dead Bird Site

1. **State:** name of the state in which the bird was collected
2. **County:** name of the county in which the bird was collected
3. **City:** name of the city or town in which the bird was collected
4. **ZIP:** postal code in which the bird was collected
5. **Specific Location:** physical address for the location from which the bird was collected, or if no physical address exists, detailed directions with distances from nearby road intersections [for example, "River Rd (SR33), 1.4 mi NNW of Charleston Hwy (US17)" or "NW corner of Lawton Dr and Carlisle St"]
6. **Coordinates:** a set of numbers (longitude and latitude) used to specify the position of a point on the Earth's surface. Longitude specifies the east-west position, and latitude specifies the north-south position.
 - a. **Longitude:** X coordinate (longitude) in decimal degree format (value range: -78.50 to -83.37)
 - b. **Latitude:** Y coordinate (latitude) in decimal degree format (value range: 32.00 to 35.30)

Person Reporting Dead Bird(s)

1. **Name:** name of the person reporting the bird
2. **Street Address:** house number and street name of the person reporting the bird, which may differ from the address/location from which the bird was collected
3. **City:** name of the city or town for the person reporting the bird
4. **State:** name of the state for the person reporting the bird
5. **ZIP:** postal code for the person reporting the bird
6. **Phone #:** phone number for the person reporting the bird
7. **EXT.:** the phone number extension for the person reporting the bird
8. **Cell #:** the mobile or cellular phone number for the person reporting the bird
9. **E-Mail Address:** the electronic mail address for the person reporting the bird

Person & Agency Submitting this Form

1. Name: name of the person submitting the bird
2. Agency: name of the agency submitting the bird
3. Street Address: house number and street name of the person submitting the bird
4. City: name of the city or town for the person submitting the bird
5. State: name of the state for the person submitting the bird
6. ZIP: postal code for the person submitting the bird
7. Phone #: phone number for the person submitting the bird
8. EXT.: the phone number extension for the person submitting the bird
9. Cell #: the mobile or cellular phone number for the person submitting the bird
10. E-Mail Address: the electronic mail address for the person submitting the bird