

# SC DHEC Dead Bird Submission and Reporting Sheet for West Nile Virus (rev. March 2012)

Local ID No.: \_\_\_\_\_



-LAB USE ONLY-	
Specimen Type: _____	Specimen No.: _____
Initials: _____	Date Received: _____ Dissection Date: _____

- See instruction sheet for determining if the dead bird(s) should be submitted and for shipping instructions.
- 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.

**NOTE: The "boxed" areas will be completed at the SC DHEC Bureau of Laboratories.**

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 and later euthanized?  Yes  No \_\_\_\_\_

If 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  
with distances from nearby road intersections.

Coordinates: W \_\_\_\_\_ ° (X; Longitude) | N \_\_\_\_\_ ° (Y; Latitude)

**Person  
Reporting  
Dead Bird(s)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ Ext \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Person &  
Agency  
Submitting  
this Form**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ Ext \_\_\_\_\_ \*Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

\* Required for results notification

-LAB USE ONLY-			
<input type="checkbox"/> WNV POSITIVE <sup>(pos)</sup>	<input type="checkbox"/> WNV NEGATIVE <sup>(neg)</sup>	<input type="checkbox"/> EEE POSITIVE <sup>(pos)</sup>	<input type="checkbox"/> EEE NEGATIVE <sup>(neg)</sup>
<input type="checkbox"/> UNACCEPTABLE FOR TESTING:	<input type="checkbox"/> Too decomposed;	<input type="checkbox"/> Not testing this species;	<input type="checkbox"/> Not currently testing birds in this area.
Date of Results: _____	Date of Result Notification: _____	Initials: _____	
Comments: _____			