

**WEST NILE VIRUS TESTING  
DEAD BIRD SUBMISSION FORM**

Oregon Health Division, Office of Disease Prevention and Epidemiology

Fax to:

Acute and Communicable Disease Program at 971-673-1100

**Submission Information**

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

**Specimen Information**

Species \_\_\_\_\_ Specimen ID Number \_\_\_\_\_

Date of collection \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Location \_\_\_\_\_

Weather Conditions \_\_\_\_\_

Coordinates LAT (1983 NAD) \_\_\_\_\_

LONG (1983 NAD) \_\_\_\_\_

**Results**

Test performed (circle one)    Vec Test       Ramp

Results                                    Positive       Negative

Confirmed by PCR                    Yes            No

Ship to:  
Oregon State University  
Veterinary Diagnostic Laboratory  
30th and Washington Way  
Magruder Hall, Room 134  
PO Box 429  
Corvallis, OR 97339-0429