

Annex 9. Field data sheets

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Specimen collection form (human cases)

Name of person taken the specimen:		Contact details for specimen collector : (phone, email address)			
Date of birth of patient (dd/mm/yy):		Family name of patient:			
Sex of patient: M F	Nationality of patient:	Occupation of patient:			
Patient's hospital/clinic number:					
Patient's address (if available or a suitable contact address)					
House number or name:	Street name:	Town:	Country:		
District:	Postal code:				
Place where specimens were taken: Hospital: Y N Clinic: Y N Home: Y N Other (specify): Y N					
Address (if different from above):					
Unique identifying number	Type of specimen	Date of collection	Clinical diagnosis	Health of patient when specimen collected	Remarks

Specimen collection form : Animal specimens

Please write additional details on the back of the form if there is not enough space below

Name , address and phone number of person collecting specimens:		Name , address and phone number of owner of animals/birds:		Date specimens collected (dd/mm/yy):					
		Location (give GIS coordinates if available)							
Description of husbandry practices		Details of any vaccination programmes that have been undertaken on the farm		Any treatments given to animals/birds involved. If Yes, give details					
Give any relevant history or epidemiological details		Any other animals/birds on the farm /in the house?		Numbers in herd/flock affected					
Unique ID number	Type of animal	Scientific name (Genus, species) (If not known take a digital photograph)	Local name	Age of animal (juvenile or adult is sufficient)	Sex of animal	Wild or domestic	If wild bird, is it migratory or resident	Health of animal H= Apparently healthy S=sick D=dead	Notes