

New Jersey Department of Health and Senior Services  
DEAD-ILL BIRD REPORT/LAB SUBMISSION FORM  
West Nile Virus Surveillance 2003  
FAX COMPLETED FORM TO: (201) 986-1068

Health/Police Department Name: \_\_\_\_\_ County: **BERGEN**

Health Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Individual Completing Bird Report: \_\_\_\_\_

**CALLER INFORMATION:**

Date call received \_\_\_/\_\_\_/03\_ Time of call \_\_\_\_\_

Person reporting bird (first & last name) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street No. Street Name City Zip Township

**BIRD SPECIFICS:**

Date Bird Observed \_\_\_/\_\_\_/03\_ Individual who picked up bird: \_\_\_\_\_

IS ADDRESS SAME AS CALLER'S? YES NO\*

\*If No, enter complete address below:

Specific Location of Dead/Ill Bird:

Street Address City Zip Township

(IF ADDRESS UNKNOWN, GIVE CROSS STREETS, E.G. ELM ST./OAK RD.)

PLEASE ANSWER ALL QUESTIONS

A - Is bird intact? YES NO

F - Date of Pickup/Date Reported \_\_\_/\_\_\_/\_\_\_

B - Type (circle one): CROW OTHER

G - Was the bird submitted to BC Animal Shelter? YES NO  
If Yes: Date Submitted: \_\_\_/\_\_\_/\_\_\_

C - Is the bird entirely black including feathers, eyes, beak, and legs? YES NO

D - Is it 12" or longer from tail to beak? YES NO

E - Has the bird been dead less than 24 hrs? YES NO UNK

**ATTENTION:**

If you are NOT entering data directly into the ESRI electronic Reporting system, please fax this form to the LINCS site at BCDHS at (201) 986-1068. If you have any questions, please call 201-634-2600

Place bird into a one or two-gallon, clear, plastic bag with an "Easy Close Slider/Zipper." Place this completed form facing outward into a separate clear, plastic zip lock bag. Do NOT fold or cover this form. Firmly secure the two (2) bags to each other with staples. NOTE: Keep birds refrigerated. DO NOT FREEZE

If specimen is not submitted in the proper bags with completed paperwork, testing will NOT be performed.

**VIROLOGY LABORATORY ADDRESS:** NJ Department of Health & Senior Services, Virology Laboratory, Specimen Receiving & Distribution Unit, Health and Agriculture Building, Warren and Market Streets, Trenton, NJ 08625-0361.

**FOR LABORATORY USE ONLY**

Accession Number \_\_\_\_\_ Final Result \_\_\_\_\_

Fish Crow (<33mm) \_\_\_\_\_ Crow Species (31-33mm) \_\_\_\_\_ American Crow (≥34mm) \_\_\_\_\_

Date Harvested \_\_\_\_\_ Date Tested \_\_\_\_\_ Date Data Entered \_\_\_\_\_

TaqMan \_\_\_\_\_ Tissue Culture \_\_\_\_\_ IFA \_\_\_\_\_

Comments: \_\_\_\_\_