\Box Other, specify_

INVESTIGATION ID (write here as provided by
software after submitting form data):

AVIAN INFLUENZA I	ATION	BANGLADESH U2	ware after submitting form data):				
		Reporting Unit: Village/Farm					
Village/Farm							
1. Date Completed (da	l-mm-yyyy,	2. Divisio	on (block letters)	3.1	District (bla	ock letters)	4. Upazila <i>(block letters)</i>
5. Union <i>(block letters)</i>			6. Mouza (optional) (block letters)				7. Village (block letters)
8. Name of contact per	rson <i>(block</i>	letters)	10. Phone number of	of the	contact per	son	11. Sex
of the of contact per	ison (oroen						□Female □Male
9. Title/position							
(Optional)							
12. Latitude Decimal	Degree (<i>nu</i>	mber)					
Longitude Decimal	-	mber)	, o				
Meeting Info				1.0			
13. Were you called o	ut to the coi	mmunity to inv	estigate sick/dead bird	is?	□Yes	□No	
14. Did you conduct a awareness on avian in			or to raise community	T	□Yes	□No	
15. Did you search for					□Yes	□No	
16. Were there any sic	k/dead bird	ls found?					
-					∐Yes →	(Fill in Outb	reak Investigation Section)
Outbreak Inv 17. Date when your te		d information o	n sick/dead birds (dd-	mm-	vvvv)		18. Estimated date of onset
		1					(dd-mm-yyyy)
19. In what type of		Has a farm	□Yes				Approximate date
$\begin{array}{c c} 19. \text{ In what type of} \\ \text{production system} \end{array} \qquad $			□ Y es FARM ID (<i>write here as provided during first</i>			(<i>dd-mm-yyyy</i>)	
did the cases occur?		been	assessment report):			3,	
(check one)		conducted previously?					
		previously:					
			□No				
	Backya	and					
20 4 55 / 1 1/	□Wild B			N	1 601	CK BIRDS	
20. Affected poultry (check all that apply)		Number of DEAD BIRDS		NU	imber of SI	CK BIRDS	Total population on farm (or estimated village population fo backyard poultry)
Deshi (backyard) chicken							
□Sonali chicken							
Brown commercial chicken							
White commercial chicken							
Duck							

AVIAN INFLUENZA INVESTIGATION BANGLADESH U2C INITIATIVE

21. What clinical signs were observed? (block letters and comma separated)									
21. What childen signs were observed: (block reaers and comma separated)									
22. Number of sick/dead birds tested by the rapid test <i>(number)</i> birds									
23. What is the name of the rapid test used? (check one) Bionote Anigen AIV test Other, specify									
24. Rapid Test Result (check one)	□Positive □Negative □Not performed								
25. VTM samples collected and sent to the lab? <i>(check one)</i>	Yes No. of VTMs	Date samples collected (<i>dd-mm-yyyy</i>)							
	Sample ID 1:								
	Sample ID 2:								
	Sample ID 3:								
	Sample ID 5:								
	No Why? (<i>check one</i>) No VTM available Not necessary								
26. What kind of culling was performed? (<i>check one</i>)	Generation Focal culling of all birds in affected flock)	Number of birds culled							
	□No culling performed Why? <i>(give reason)</i>								
27. Additional investigation informa	tion:								
28. Laboratory Result:									
Administration									

			~.
Name, designation and phone:	Working day <i>(dd-mm-yyyy)</i>	Overnight (dd-mm-yyyy)	Signature
1.			1.
			2
2.			2.
Acknowledged by:	•	Approved by:	
Name	Signature	Name	Signature

ATTENTION: Check that you have all the information required to complete this form before you leave the village

ALWAYS CLEAN AND DISINFECT YOUR BOOTS, VEHICLE AND EQUIPMENT AFTER YOU COMPLETE YOUR ASSIGNMENT