



Veterinary Research Institute

WOAH Reference Laboratory for Classical Swine Fever

Reference Centre



World Organisation for Animal Health  
Founded as OIE

### WOAH Reference Laboratory for CSF

Veterinary Research Institute, 376 Chung-Cheng Rd., Tamsui, New Taipei City, 25158 Taiwan

Tel: +886-2-2621-2111#306 Fax: +886-2-2622-5345 E-mail: ylhuang@mail.nvri.gov.tw

### Samples submission form

Number of samples		Country of origin		Date of collection (DD/MM/YY)		Your reference		Date of dispatch (DD/MM/YY)	
-------------------	--	-------------------	--	-------------------------------	--	----------------	--	-----------------------------	--

**SENDER:**

Name:  
 Organization:  
 Address:  
 Country:  
 Telephone number:  
 Fax:  
 E-mail:

<b>Test required:</b> (Please tick the box)	
Virus Isolation	<input type="checkbox"/>
RT-PCR/qRT-PCR	<input type="checkbox"/>
Sequencing	<input type="checkbox"/>
Virus Neutralization Test	<input type="checkbox"/>
Antibody-ELISA	<input type="checkbox"/>

Sample Reference No.	Sample type (serum, etc.)	Animal species	Age	Sex	Vaccination history	Date of sampling(DD/MM/YY)	Tests requested

Infection First Noticed: DD/MM/YY Date Reported: DD/MM/YY Outbreak Duration Days:      Days Number of Herds Involved:     

Possible Origin <small>Please tick boxes and comment</small>	Contact <input type="checkbox"/>	Adjacent Premises <input type="checkbox"/>	New Stock <input type="checkbox"/>	Other <input type="checkbox"/>
COMMENTS  (Place/country/date)  (Method of spread)				



**Veterinary Research Institute**

WOAH Reference Laboratory  
for Classical Swine Fever

Reference Centre



World Organisation  
for Animal Health  
Founded as OIE

--

<b>Control Measures</b>  <small>Please tick boxes and comment</small>	Culling Complete <input type="checkbox"/> Partial <input type="checkbox"/>	Quarantine Measures <input type="checkbox"/>	Vaccination <input type="checkbox"/>
-----------------------------------------------------------------------------	----------------------------------------------------------------------------	----------------------------------------------	--------------------------------------

COMMENTS

STOCK	Breed	Sex	Number of Animals				Age of Affected Animals and Numbers						
			In Outbreak	Affected	Dead	Culled	0-6m	6m-1y	1-2y	2-3y	>3y	Adult	
Pig													
Other <small>Please specify</small>													

Animal	Vaccinated			Vaccination Regime				Vaccine Strains	Vaccine Producer
	Yes	No	Last Date	4m	6m	1y	Other		
Pig			DD/MM/YY						
Other <small>Please specify</small>									

**Comments:**

.....

.....

.....

.....

.....

Please submit the completed form to [ylhuang@mail.nvri.gov.tw](mailto:ylhuang@mail.nvri.gov.tw) and include a copy in your shipment.