

West Virginia
Dead Bird Submission Form for West Nile Virus

State (WV) ID Number _____

SCWDS ID Number _____

Date Collected: ____/____/____ **Date shipped for testing:** ____/____/____

Person completing this form:

Name: _____ Date: ____/____/____

Agency: _____ Phone: _____

Fax: _____

Person reporting dead bird(s):

Date of initial report: ____/____/____

Name: _____ Phone: _____

Date dead bird(s) found or seen: ____/____/____

Number of birds seen: _____

Species of birds: _____

Location of bird(s):

Address: _____

City: _____ County: _____

State: West Virginia Zip Code: _____

GIS: _____

Birds should only be submitted for testing if there is no obvious cause of death and if the specimen is fresh (dead less than 24 hours). Birds should be sent to:

Dr. David Stallknecht
Southeastern Cooperative Wildlife Disease Study
College of Veterinary Medicine
The University of Georgia
Athens, GA 30602

IMPORTANT: Please place this form and a return address label in an envelope and attach to the outside of the shipping container.