INSPECTOR INFORMATION

Please write legibly.

Name: Date:

_____

Title/Position:

_____

Badge Number: Drivers License Number:

_____

Agency:

_____

Office Phone:

_____

Cell Phone:

_____

Direct Email:

_____

Office Address:

_____

Purpose of Visit:

_____

Type of Sample Requested:

_____

What will the sample be tested for?

_____

Name of Superior:

_____

Title of Superior:

_____

Phone of Superior:

_____

Email of Superior:

_____

QUESTIONNAIRE FOR INSPECTOR

All items must be answered before the release of any sample.

Name of Inspector:_____ Date:_____
Type of sample requested:_____
What will sample be tested for?_____
Regulation that allows taking of this sample:_____

_____

If sampling for a virus:

- Supply peer-reviewed study showing the appropriate isolation, purification, characterization and genetic sequencing of purported virus you will be testing for.
- Supply valid, rigorous, repeatable scientific evidence showing that (under conditions that actually occur in nature and/or on farms) it is transmissible to other animals.
- Supply valid, peer-reviewed studies showing that the virus causes the illness/symptoms it is purported to cause, and that the illness/symptoms are contagious.

_____

Type of test to be used:
Whole Genome Sequencing (WGS)_____
Polymerase Chain Reaction (PCR)_____
If PCR, how many cycles?_____
Other (please specify):_____
For each type of test that you propose to administer, cite or supply valid studies showing that it has been validated for detecting the purported virus (not simply a target sequence, protein or antibody) in the same context that you propose to apply the test.

_____

For each type of test that you propose to administer, supply the following:
Sensitivity:_____
Specificity:_____
Positive predictive value:_____
Negative predictive value:_____
Name of Lab doing the testing:_____
Address of Lab:_____
Phone number of Lab:_____
Email of Lab:_____

I certify that the information given in this form or attached to this form is accurate and true:
Signed:_____
Position:_____ Date:_____