

2017 - West Nile Virus "Dead Bird" Reporting and Laboratory Submission Form - **2017**

Illinois Department of Public Health

Please Print or Type

Person Collecting Bird ↓	Agency:		
Last Name:	First Name:	Phone: ()	
Street Address:	City:	ZIP Code:	County:

Person Completing Form ↓	Just Check <input type="checkbox"/> Box if SAME AS ABOVE:	Agency:	
Last Name:	First Name:	Phone including area code: ()	
Street Address:	City:	ZIP Code:	County:

↓ **Bird Location and Identification Information** ↓

Bird Species (<i>circle one or specify</i>): Crow Blue Jay Cardinal Cowbird Finch Grackle House Sparrow Mourning Dove Pigeon "Other" Sparrow Robin Starling <i>Unidentified Bird</i>	Collection date (mo / day)	
		2017
Other Type of bird →		County:
Street address:	City:	Required → ZIP:
Comments or GPS Location:		

Please fill in the blanks above **COMPLETELY**. For **mapping purposes**, it is especially important that you report a complete address and → **ZIP CODE** for the bird location. Before submitting this form to the laboratory, please **fax** it to your local health department and to the Illinois Department of Public Health, **Attn: Linn Haramis**; FAX 217-785-0253. If you have any questions, call **Linn Haramis** at 217-785-2365 or e-mail Linn.Haramis@Illinois.Gov. **This form is available as a .doc file, please e-mail Linn Haramis to obtain it.**

For laboratory use only (please check correct box): laboratory results	Lab ID number	Positive	Negative	Inconclusive	Not Done
IHC test					