

INSPECTOR INFORMATION

Please write legibly

Name:

Date:

Title/Position:

Badge 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:

Phone of Superior:

Email of Superior:

QUESTIONNAIRE FOR INSPECTOR

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

Name: _____ 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: _____