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Non-Adjacent Premise Use

Date:

Referring Veterinarian Information	Isolate Origin Information
Company/Clinic: Name: Address 1: Address 2: City, State & Zip Phone and Email:	Organism: Company/Owner: Farm Name: Address 1: City, State & Zip: Phone and Email:

Additional Isolate Origin Information

Organism: Company/Owner: Farm Name: Address 1: City, State & Zip: Phone and Email:	Organism: Company/Owner: Farm Name: Address 1: City, State & Zip: Phone and Email:
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Summary of the epidemiology of the disease situation linking the designated geographic areas with the flock/herd of origin of this isolate:

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|---|---|
| <ul style="list-style-type: none"> Common trucking/transportation Common people/labor handling crews Common animal source Common veterinarian | <ul style="list-style-type: none"> Common animal handling equipment Common geographical proximity Transfer of animals Other (explain below) |
|---|---|

Further Explanation of Epidemiological Link (please include intended vaccination schedule):

List of Non-Adjacent Premises

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
Farm Name:	Farm Name:
Address:	Address:
City, State & Zip:	City, State & Zip:
Phone Number:	Phone Number:

Company/Owner:	Company/Owner:
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