

**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 the taking of this sample:**

**If sampling for a virus:**

- 1. Supply peer-reviewed study showing the appropriate isolation, purification, characterization and genetic sequencing of purported virus you will be testing for;**
- 2. 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;**
- 3. 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: \_\_\_\_\_