附件3

**非洲猪瘟病毒毒株鉴别检测阳性信息表**

填报单位： 填报人： 联系电话：

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **检测单位** | **样品来源环节** | **样品来源单位** | **采样份数** | **鉴别阳性份数** | **缺失的基因** | **如样品来源为非养殖环节注明养殖场户名称、地址信息** |
| **名称** | **地址** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |