

## NAHMS Swine 2006 Fecal Collection Record



National Animal Health  
Monitoring System

2150 Centre Ave, #B, MS 2E7  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-  
Approval expires: 08/31/09

Sample from pens populated by late finisher pigs (20 weeks and older).

Take 60 samples from the floors of a maximum of 10 pens.

The samples will be tested for *Salmonella*, and results will be returned to the Producer in approximately 45-60 days after collection.

Work with your NAHMS coordinator to determine the farm and week to sample.

**Review the materials in the Field Handbook for detailed collection information.**

Determine how many pens on the site contain late finisher pigs that are 20 weeks and older.

If less than 10 pens, collect samples from all pens for a maximum of 60 samples.

For example,      8 pens = 7 samples from each of 6 pens, 9 samples from 2 pens  
                      2 pens = 30 samples from each pen

If 10 pens, collect 6 samples from each pen.

If more than 10 pens, randomly select 10.

Samples should fill the whirlpak bag at least 2 inches.

Label the bag and complete the Collection Form. Do not use the label to secure the bag closed.

Keep samples cool, pack with 4 ice packs each, and ship via Fed Ex within 24 hours of collection.

Send a copy of the Collection Form with each box of samples and send the original to your NAHMS Coordinator.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

**NAHMS-181  
AUG 2006**  
7/26/06

# Swine 2006 - Fecal Collection Record

Farm ID	# of People Involved ____ Fed VMO    ____ Fed AHT    ____ Producer ____ State VMO    ____ St AHT    ____ Priv Vet ____ Others-specify:	Key Collector Initials	Collection Date	Hours to Take and Prep Samples	Hours of Overall Travel Time	Kit Number
8-digits: St, Op, Site		Enter number for each category		MM/DD/YY	In quarter hours	In quarter hours
						Must match labels

Sample Number	Facility/Building ID	Pen ID	Facility Type T=Total Conf O=Open bldg P=Pasture D=Drylot	Usable Pen Area in Sq Feet	Number of pigs currently in pen	Evidence of diarrhea?	Average age of pigs in pen	Gender of pigs in pen G=Gilts B=Barrows M=Mixed
1			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
2			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
3			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
4			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
5			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
6			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
7			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
8			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
9			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
10			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
11			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
12			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
13			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
14			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
15			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
16			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
17			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
18			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
19			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
20			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
21			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
22			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
23			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
24			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
25			OT <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx

Lab Submission #: \_\_\_\_\_ Temp: \_\_\_\_\_

KIT #:

Sample Number	Facility/Building ID	Pen ID	Facility Type T=Total O=Open P=Pas D=Dryl	Usable Pen Area in Sq Ft	# pigs currently in pen	Evidence of diarrhea?	Average age of pigs	Gender of pigs in pen		
								Gilts	Barrows	Mix
26			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
27			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
28			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
29			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
30			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
31			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
32			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
33			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
34			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
35			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
36			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
37			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
38			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
39			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
40			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
41			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
42			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
43			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
44			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
45			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
46			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
47			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
48			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
49			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
50			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
51			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
52			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
53			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
54			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
55			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
56			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
57			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
58			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
59			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx
60			OT □O □P □D			□ Y □ N		□ G	□ B	□ Mx

