

# NAHMS Swine 2006 Blood Collection Record



National Animal Health  
Monitoring System

2150 Centre Dr #B  
Fort Collins, CO 80526

Form Approved  
O.M. B. Number 0579-  
Approval expires: 8/31/09

Sample 35 LATE finisher pigs (20 weeks and older) collecting from a variety of pens containing the age-appropriate pigs.

**----- Please do not collect samples from any other swine such as sows, boars or piglets -----**

**Samples can be taken from all participating sites. Results from PRRS and Swine Influenza will be returned to the Producer.**



Record site information, kit number, date, etc. on the following Blood Collection Record.



For each animal, collect a FULL tube of blood in the 12.5 ml Corvac serum separator tube provided.



Gently invert the tube 5 times to mix in the clot activator before allowing the blood to sit vertically at 68-75° F to clot for a minimum of 30 minutes.

If possible, centrifuge after clotting.



Record facility, pen, animal, and vaccination information on the appropriate line for each sample.



Cool samples ASAP after clotting.



Ship to NVSL on ice along with the copy of this form within 24 hours of collection.



Send white copy to your Coordinator within 3 business days.



**Additional information regarding blood collection is described in the Field Handbook.**

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 collection.

**NAHMS-180**  
**AUG 2006**  
7/26/06

# NAHMS Swine 2006 – Blood Collection Record

Farm ID	<b># of People Involved</b>		Key Collector Initials	Collection Date	Hours to take & prep samples	Kit Number
	_____ Fed VMO	_____ Fed AHT				
	_____ State VMO	_____ St AHT				
	_____ Producer	_____ Priv Vet				
	_____ Others-specify:					

8-digits: ST, Op, Site

Enter number for each category

MM/DD/YY

In quarter hours

Must match labels

Tube #	Facility / Bldg ID	Pen ID	# of pigs in pen	# of pigs share air space	Pig age in weeks	Pig gender	Vaccinated for:												
							PRRS			New Flu			Trad Flu			Mycoplasma			
							Y	D/K	N	Y	D/K	N	Y	D/K	N	Y	D/K	N	
1						M F													
2						M F													
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