

Dairy 2007 Heifer Calf Blood Collection Record



Instructions:

- 1) Sample heifer calves which received colostrum and are between 24 and 72 hours of age.
- 2) Sample a maximum of 10 eligible calves available today or at a later visit.
- 3) Aseptically collect approximately 8 ml sera in the tubes provided.
- 4) Write the State, Operation, and Animal IDs on the tube label. Record the tube number from the label to this form and complete the information for each sample. Ship on ice to NVSL within 24 hours with yellow copy of this form. Send the original to your Coordinator.

State FIPS:	Operation #:	Collector:	Date:	Kit #:	Time to collect samples:
2 digits	4 digits	Initials	mm/dd/yy	Printed on labels	in minutes

Tube # from label	Calf ID	Age in hours (include quarter hour)	Was this calf allowed to nurse its mother?	How was the first feeding of colostrum provided?	How many quarts of colostrum were administered at first feeding?	How many hours has it been since this calf received its first colostrum feeding? (include quarter hour)
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		
			<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₃ No	<input type="checkbox"/> ₁ By Bottle <input type="checkbox"/> ₂ By Tube <input type="checkbox"/> ₃ Nursed dam		