

U.S. DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
 NATIONAL VETERINARY SERVICES LABORATORIES
 P.O. BOX 844, 1800 DAYTON AVENUE, AMES, IA 50010
 (515) 239-8212

INSTRUCTIONS: Use a separate request for each species and each owner/broker. See reverse for definitions (Item 12) and instructions for Identification (Item 20).

PAGE _____
 OF _____

SPECIMEN SUBMISSION

1. NAME OF SUBMITTER		2. NAME OF OWNER	
MAILING ADDRESS (Street, City, State, and Zip Code)		CITY	STATE
		3. LOCATION OF ANIMALS	
Phone No. _____ FAX No. _____		COUNTY	STATE

4. PAYMENT METHOD ("X" applicable item and provide information)

USER FEE ACCOUNT NO.: _____ **MC/VISA NO.:** _____ **EXP. DATE:** _____

CHECK/MONEY ORDER ENCLOSED (Made payable to "USDA" in U.S. Dollars)

5. HERD/FLOCK SIZE	8. EXAMINATIONS REQUESTED	9. COLLECTED BY
6. NO. IN HERD/FLOCK AFFECTED		10. DATE COLLECTED
7. NO IN HERD/FLOCK DEAD		11. AUTHORIZED BY

12. PURPOSE OF SUBMISSION ("X" one) (See reverse for definitions)	13. COUNTRY OF ORIGIN
<input type="checkbox"/> General Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Interstate Movement <input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> Developmental Research <input type="checkbox"/> Export <input type="checkbox"/> NVSL Intralab Diagnostic <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> TB	14. REFERRAL NUMBER

15. PRESERVATION ("X" applicable item(s))

None Ice Pack Dry Ice Formalin Borax Alcohol Other (specify) _____

16. SPECIMENS SUBMITTED ("X" applicable item(s))	17. TOTAL NUMBER OF SPECIMENS SUBMITTED
<input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input type="checkbox"/> Tissue <input type="checkbox"/> Whole Bird <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus <input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input type="checkbox"/> Swab <input type="checkbox"/> Water	

18. SPECIES OR SOURCE ("X" one)	19. NUMBER OF ANIMALS SAMPLED
<input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Environment <input type="checkbox"/> Chicken <input type="checkbox"/> Bison <input type="checkbox"/> Deer <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Reagent <input type="checkbox"/> Turkey <input type="checkbox"/> Dog <input type="checkbox"/> Elk <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Pet Bird <input type="checkbox"/> Cat <input type="checkbox"/> Fish	

20. IDENTIFICATION (See reverse)				IDENTIFICATION (See reverse)			
Sample ID	Animal ID/Breed	Age	Sex	Sample ID	Animal ID/Breed	Age	Sex

21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary.)

22. SIGNATURE OF SUBMITTER AND DATE

NVSL USE ONLY			
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY

NVSL ACCESSION NUMBER

ITEM 12 - Definitions of Diagnostic Case Categories

General Diagnostic Case - A case in which the tests conducted are for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition.

FAD/EP Diagnostic Case - A case in which the tests conducted are for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S.

NVSL Intralab Diagnostic Case - A case in which the tests conducted are for the purpose of diagnosing or confirming a disease condition, analyzing environmental products that may be contributing to a disease condition or for analyzing chemical products for another laboratory of NVSL.

Surveillance/Monitor Case - A case in which the tests conducted are for the purpose of monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal or poultry facilities.

Developmental/Research Case - A case in which the tests conducted are for the purpose of supporting a developmental or research project conducted by another laboratory of NVSL, by staff or field personnel of VS, or by other laboratories, institutions, or agencies.

Reagent Evaluation Case - A case in which the tests conducted are for the purpose of evaluating a reagent produced by another laboratory of NVSL or by other laboratories, institutions, or agencies.

Import Case - A case in which the tests conducted are for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for importation into the U.S.

Export Case - A case in which the tests conducted are for the purpose of qualifying animals or poultry, including wild animals and birds, or animal and poultry products for exportation to a foreign country.

TB - A case with a specific request for diagnosis of TB.

Item 20 - Identification

Identify Samples with Consecutive Numbers - Record animal identification (number or name) adjacent to appropriate sample number. Laboratory results will be reported by sample identification number. Indicate approximate age in years(y), months(m), weeks(w), or days(d), and indicate sex of each animal. See sample below. When more than 10 samples, use VS Form 10-4A.

IDENTIFICATION		AGE	SEX	IDENTIFICATION		AGE	SEX
Sample	Animal			Sample	Animal		
1	12ABC0000	3y	F	6	12ABC0005	10d	F
2	12ABC0001	2y	M	7	12ABC0006	10m	F
3	ABC002	1y	F	8	12ABC0007	8m	M
4	ABC0003	6m	F	9	12ABC0008	21/2y	F
5	12ABC0004	3w	M	10	12ABC0009	15m	M

Send a copy of the VS 10-4 to the Veterinarian-in-Charge (in submitter's State). Retain a copy for your records.

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 numbers for this information is 0579-0090 and 0579-0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090 and .333 hours per response for 0579-0212, including the time to review instructions, search existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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