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 0579-0101. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	SCRAPIE TEST RECORD Complete all entries on V		FLOCK ID		of		FORM APPROVED OMB NO. 0579-0101			
FLOCK OWNER'S NAME - LAST	FIRST INITIAL DATE COLLE			TE LLECTED		VETERINA				
Specimen#	nen# Official ID Number Other ID Num		Designation (pos, sus, exp, me, n/a)			Sex (f,m,cm	Breed (if unknown, face color)	3rd Eyelid Info		
-								L	R	Seen Unseen
								L	R	Seen Unseen
-								L	R	Seen Unseen
						_		L	R	Seen Unseen Seen
-								_ 	R	Unseen
						_		L	R	Seen Unseen
								L	R	Seen Unseen
								L	R	Seen Unseen
								L	R	Seen Unseen
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								L	R	Seen Unseen
								L	R	Seen Unseen
								L	R	Seen Unseen
								L	R	Seen Unseen
NOTE: Sample numbers on specimens must be to	he same as			<u></u>						

NOTE: Sample numbers on specimens must be the same as listed on this form.

Circle if the 3rd eyelid tissue came from the Left or Right eye. Circle if the lymphoid tissue was Seen or Unseen

Remarks:

## **COPY DESGINATIONS**

PART 1 - OFFICE PART 2 - OFFICE PART 3 - OWNER PART 4 - VETERINARIAN PART 5 - ASSIGNMENT

PLACE ON HARD SURFACE AND WRITE FIRMLY

"USE TYPEWRITER OR PRINT CLEARLY - PRESS HARD - YOU ARE MAKING 5 COPIES"