

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	<b>SCRAPIE TEST RECORD - CONTINUATION SHEET</b> Complete all entries on VS Form 5-29 before using this form.	FLOCK ID	PAGE NO. __ of __	FORM APPROVED OMB NO. 0579-0101
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FLOCK OWNER'S NAME - LAST	FIRST	INITIAL	DATE COLLECTED	VETERINARIAN
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Specimen #	Official ID Number	Other ID Numbers	Designation (pos, sus, exp, me, n/a)	Age	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
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen

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 DESIGNATIONS

**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"