



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Goat 2009 Johne's Follow Up Blood Collection Record

National Animal Health  
Monitoring System

2150 Centre Ave, Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-???  
Expiration date: xxx

**Instructions:**

- 1) Sample only the goats listed below.
- 2) Collect 1 tube of blood using the provided 18 gauge 1-inch vacutainer needles and tubes.
- 3) Write the State, Operation, Kit, and Animal ID on the tube label.
- 4) Record the tube number next to the Goat ID listed below.
- 5) Ship with ice packs to the laboratory within 24 hours. Include the yellow copy of this form with the samples. Send the original to NAHMS and the pink copy to your Coordinator.

<b>State FIPS:</b>	<b>Operation #:</b>	<b>Date:</b>	<b>Kit #:</b>
2 digits	4 digits	mm/dd/yy	Printed on labels

Tube # from label	Goat ID	Body Score 1 = Thin, 2 = Normal 3 = Fat	Comments regarding goat including any clinical signs
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	1
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	2
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	3
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	4
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	5
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	6
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	7
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	8
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	9
		<input type="checkbox"/> <sub>1</sub> T <input type="checkbox"/> <sub>2</sub> N <input type="checkbox"/> <sub>3</sub> F	10

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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-XXXX. The time required to complete this information collection is estimated to average 1.0 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

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