



Animal and  
Plant Health  
Inspection  
Service

Veterinary  
Services

# Sheep 2011 Nasal Swab & Blood Sample Collection Record Draft October 2010

National Animal Health  
Monitoring System

2150 Centre Ave, Bldg B  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-0188  
Approval expires: 6/30/2013

## **BOTH blood and nasal swab Sampling MUST be done and completed at the same visit.**

If the operation wants to do blood, it must also do the nasal swab sampling. It can not opt out of one.

### **Instructions:**

1) Sample a maximum of 51 sheep **greater than 2 years of age.**

#### **If you have:**

- 1 to 19 sheep - collect from all
- 20 to 50 sheep - collect up to 35 samples
- 51 to 100 sheep - collect up to 45 samples
- 101 or more sheep - collect 51 samples

2) Collect 1 red top tube of blood per using the provided 18 gauge 1-inch vacutainer needles and tubes.

3) Collect 1 nasal swab sample.

3) Write the State, Operation, Kit, and Animal ID on both samples.

4) Record the tube and swab number and Sheep ID from the tube label to the collection form starting on the next page and complete the information for each sample.

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.

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 0579-0188. The time required to complete this information collection is estimated to average 4.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**NAHMS-251  
Oct 2010**

### Sheep 2011 – Blood Collection Record

<b>State FIPS:</b>	<b>Operation #:</b>	<b>Date:</b>	<b>Kit #:</b>	<b>Total Sheep Inventory TODAY:</b>
2 digits	4 digits	mm/dd/yy	Printed on labels	
				<b>Total Sheep over 2 Years of Age:</b>

Tube # from label	Sheep ID	Breed Code	Age in Years (must be > 2)	Gender	Body Score 1 = Thin, 2 = Normal 3 = Fat	Was this animal ever vaccinated for sore mouth?	Comments
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	

				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BREED CODES:</b> tbd							

# Sheep 2011 – Blood Collection Record – continued

State FIPS:	Operation #:	Kit #:
-------------	--------------	--------

**Continue blood collection if you have more than 19 sheep that are 2-years old or more.**  
**Collect up to 35 samples if your flock size is 20 to 50 sheep.**

Tube # from label	Sheep ID	Breed Code	Age in Years (must be > 2)	Gender	Body Score 1 = Thin, 2 = Normal 3 = Fat	Was this animal ever vaccinated for sore mouth?	Comments
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	20
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	21
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	22
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	23
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	24
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	25
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	26
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	27
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	28
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	29
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	33
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	34
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	35

**Continue blood collection if you have more than 50 sheep that are 2-years old or more.**

**BREED CODES:**  
 TBD

# Sheep 2009 – Blood Collection Record – continued

State FIPS:	Operation #:	Kit #:
-------------	--------------	--------

**Continue blood collection if you have more than 50 sheep that are 2-years old or more.**

**Collect 45 total samples if your flock size is 51 to 100 sheep.**

Tube # from label	Sheep ID	Breed Code	Age in Years (must be > 2)	Gender	Body Score 1 = Thin, 2 = Normal 3 = Fat	Was this animal ever vaccinated for sore mouth?	Comments
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	36
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	37
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	38
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	39
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	40
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	41
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	42
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	43
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	44
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	45

**Continue blood collection if you have more than 100 sheep that are 2-years old or more.**

**Collect 51 total samples if your flock size is more than 100 sheep.**

				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	46
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	47
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	48
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	49
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	50
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	51

**BREED CODES:**  
TBD