



Animal and Plant  
Health Inspection  
Service

# NAHMS Swine 2012 Fecal Collection Record



National Animal Health  
Monitoring System

2150 Centre Dr #B  
Fort Collins, CO 80526

Form Approved  
OMB Number 0579-0315  
EXP. DATE: XX/XXXX

Veterinary Services

Sample from pens populated by late finisher pigs (20 weeks and older).  
Take 60 samples from the floors of a maximum of 10 pens.  
The samples will be tested for *Salmonella*, and results will be returned to the Producer in approximately 45-60 days after collection.

Work with your NAHMS coordinator to determine the farm and week to sample.

Review the materials in the Field Handbook for detailed collection information.

Determine how many pens on the site contain late finisher pigs that are 20 weeks and older.

If less than 10 pens, collect samples from all pens for a maximum of 60 samples.  
For example, 8 pens = 7 samples from each of 6 pens, 9 samples from 2 pens  
2 pens = 30 samples from each pen

If 10 pens, collect 6 samples from each pen.

If more than 10 pens, randomly select 10.

Samples should be about golf-ball size.

Label the bag and complete the Collection Form. Do not use the label to secure the bag closed.

Keep samples cool, pack with 4 ice packs each, and ship via Fed Ex within 24 hours of collection.

Send a copy of the Collection Form with each box of samples and send the original to your NAHMS Coordinator.

<p>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 0579-0315. The time required to complete this information collection is estimated to average 3.5 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.</p>	<p>NAHMS-293 SEPT 2011</p>
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# Swine 2012 - Fecal Collection Record

<b>Farm ID</b>	<b># of People Involved</b> ___ Fed VMO ___ Fed AHT ___ Producer ___ State VMO ___ St AHT ___ Priv Vet ___ Others-specify:	<b>Key Collector Initials</b>	<b>Collection Date</b>	<b>Hours to Take and Prep Samples</b>	<b>Hours of Overall Travel Time</b>	<b>Kit Number</b>
8-digits: St, Op, Site	Enter number for each category		MM/DD/YY	In quarter hours	In quarter hours	Must match labels

Sample Number	Facility/Building ID	Pen ID	Facility Type T=Total Conf O=Open bldg P=Pasture D=Drylot	Usable Pen Area in Sq Feet	Number of pigs currently in pen	Evidence of diarrhea in pen?	Average age of pigs in pen (weeks)	Gender of pigs in pen G=Gilts B=Barrows M=Mixed
1			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
2			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
3			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
4			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
5			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
6			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
7			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
8			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
9			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
10			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
11			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
12			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
13			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
14			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
15			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
16			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
17			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
18			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
19			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
20			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
21			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
22			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
23			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
24			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx

Lab Submission #: \_\_\_\_\_ Temp: \_\_\_\_\_

KIT #:

Sample Number	Facility/Building ID	Pen ID	Facility Type	Usable Pen Area	# pigs in pen	Diarrhea in pen?	Average age (wks)	Gender of pigs in pen
25			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
26			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
27			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
28			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
29			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
30			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
31			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
32			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
33			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
34			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
35			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
36			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
37			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
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41			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
42			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
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49			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
50			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
51			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
52			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
53			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
54			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
55			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
56			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
57			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
58			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
59			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx
60			<input type="checkbox"/> T <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> D			<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> Mx