



Animal and Plant Health Inspection

Service

Veterinary Services

National Animal Health Monitoring System

2150 Centre Dr #B

Fort Collins, CO 80526

Form Approved

OMB Number 0579-0315

EXP DATE: XX/XXXX

**NAHMS**

**Swine 2011**

**Nasal Swab Collection Record**

Sample 35 LATE finisher pigs (20 weeks and older) collecting from a variety of pens containing the age-appropriate pigs.

**----- *Please do not collect samples from any other swine such as sows, boars or piglets*** **------**

**Samples can be taken from all participating sites.**

![MCj03255960000[1]]()

 Record site information, kit number, date, etc. on the following Nasal Swab Collection Record.

![MCj03255960000[1]]()

 For each animal, use one nasal swab provided. Insert the same swab into each nostril and twirl.

![MCj03255960000[1]]()

 Place swab in individual zip lock bag provided.

![MCj03255960000[1]]()

 Place label on zip lock bag and record facility, pen, animal (swab number) information on the right line on the label for each sample.

![MCj03255960000[1]]()

 Cool samples ASAP after clotting.

![MCj03255960000[1]]()

 Ship to NVSL on ice along with the copy of this form within 24 hours of collection.

![MCj03255960000[1]]()

 Send white copy to your Coordinator within 3 business days.

![MCj03255960000[1]]()

 **Additional information regarding nasal swab collection is described in the Field Handbook.**

**NAHMS-295**

**SEPT 2011**

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 2 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.

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| **NAHMS Swine 2011 – Nasal Swab Collection Record** |
| **Farm ID** | **# of People Involved**\_\_\_\_\_ Fed VMO \_\_\_\_\_ Fed AHT\_\_\_\_\_ State VMO \_\_\_\_\_ St AHT\_\_\_\_\_ Producer \_\_\_\_\_ Priv Vet\_\_\_\_\_ Others-specify:  | **Key Collector Initials** | **Collection Date** | **Hours to take & prep samples** | **Kit Number** |
| 8-digits: ST, Op, Site | Enter number for each category |  | MM/DD/YY | In quarter hours | Must match labels |

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|  |  |  |  |  |  |  |
| **Swab #** | **Facility / Bldg ID** | **Pen ID** | **# of pigs in pen** | **# of pigs share air space** | **Pig age in weeks** | **Pig gender** | **Vaccinated for:****PRRS New Flu Trad Flu Mycoplasma *Y D/K N Y D/K N Y D/K N Y D/K N*** |
| 1 |  |  |  |  |  | M F |  |  |  |  |
| 2 |  |  |  |  |  | M F |  |  |  |  |
| 3 |  |  |  |  |  | M F |  |  |  |  |
| 4 |  |  |  |  |  | M F |  |  |  |  |
| 5 |  |  |  |  |  | M F |  |  |  |  |
| 6 |  |  |  |  |  | M F |  |  |  |  |
| 7 |  |  |  |  |  | M F |  |  |  |  |
| 8 |  |  |  |  |  | M F |  |  |  |  |
| 9 |  |  |  |  |  | M F |  |  |  |  |
| 10 |  |  |  |  |  | M F |  |  |  |  |
| 11 |  |  |  |  |  | M F |  |  |  |  |
| 12 |  |  |  |  |  | M F |  |  |  |  |
| 13 |  |  |  |  |  | M F |  |  |  |  |
| 14 |  |  |  |  |  | M F |  |  |  |  |
| 15 |  |  |  |  |  | M F |  |  |  |  |
| 16 |  |  |  |  |  | M F |  |  |  |  |
| 17 |  |  |  |  |  | M F |  |  |  |  |
| 18 |  |  |  |  |  | M F |  |  |  |  |
| 19 |  |  |  |  |  | M F |  |  |  |  |
| 20 |  |  |  |  |  | M F |  |  |  |  |
| 21 |  |  |  |  |  | M F |  |  |  |  |
| 22 |  |  |  |  |  | M F |  |  |  |  |
| 23 |  |  |  |  |  | M F |  |  |  |  |
| 24 |  |  |  |  |  | M F |  |  |  |  |
| 25 |  |  |  |  |  | M F |  |  |  |  |
| 26 |  |  |  |  |  | M F |  |  |  |  |
| 27 |  |  |  |  |  | M F |  |  |  |  |
| 28 |  |  |  |  |  | M F |  |  |  |  |
| 29 |  |  |  |  |  | M F |  |  |  |  |
| 30 |  |  |  |  |  | M F |  |  |  |  |
| 31 |  |  |  |  |  | M F |  |  |  |  |
| 32 |  |  |  |  |  | M F |  |  |  |  |
| 33 |  |  |  |  |  | M F |  |  |  |  |
| 34 |  |  |  |  |  | M F |  |  |  |  |
| 35 |  |  |  |  |  | M F |  |  |  |  |
| **Lab Submission #** |  |