

Appendix B

- VS 5-29 and 5-29A--** Worksheets are copies of the VS Forms 5-29 and 5-29A that provide additional space to apply barcodes used to identify specimens and serve as a draft copy when collection of samples and specimens occurs under adverse conditions.

STATE		<i>ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION</i>					
PREMISE ID NO.		COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM					
SCRAPIE TEST RECORD WORKSHEET							A
COUNTY OF OWNER	FLOCK OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	PERSON ID (VETERINARIAN'S/NGD)	TOTAL # OF SAMPLES	
FLOCK ID	FLOCK OWNER'S COMPLETE ADDRESS				CERTIFICATION FOR PAYMENT <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> State/Federal Expense <input type="checkbox"/> Owner's Expense I certify: That this test was made by me on the animals identified below on the dates as entered in appropriate spaces. That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.		
COUNTY OF FLOCK	FLOCK OWNER'S TELEPHONE NUMBER	SEC.	FARM NO.				
REASON FOR TEST		COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS: <input type="checkbox"/> YES <input type="checkbox"/> NO		VETERINARIAN'S SIGNATURE		TELEPHONE NO.	
SURVEILLANCE 1	RETEST 6	NO. OF ANIMALS IN FLOCK _____		VETERINARIAN'S NAME (Please print)		COLLECTION DATE	
FLOCK (RE) CERTIFICATION 2	INFECTED OR SOURCE RSSS POS. 7	KIND OF FLOCK <input type="checkbox"/> SHEEP <input type="checkbox"/> GOAT <input type="checkbox"/> OTHER _____ <input type="checkbox"/> MIXED		VETERINARIAN'S ADDRESS			
HIGH RISK TRACE TO FLOCK 3	INFECTED OR SOURCE (NOT RSSS) 8	LAB TURN AROUND TIME <input type="checkbox"/> 5 DAY TURNAROUND <input type="checkbox"/> 10 DAY TURNAROUND		FAX NO. OR E-MAIL ADDRESS		AGREEMENT NO.	
OWNER'S REQUEST 4	MISSING EXPOSED EWE (ME) 9	TEST TYPE <input type="checkbox"/> 171 CODON ONLY <input type="checkbox"/> 171/138 CODON <input type="checkbox"/> 138 CODON ONLY <input type="checkbox"/> 171/138/154 CODON <input type="checkbox"/> THIRD EYELID (TE) <input type="checkbox"/> OTHER _____		FLOCK STATUS <input type="checkbox"/> SFCP <input type="checkbox"/> SOURCE <input type="checkbox"/> <input type="checkbox"/> INVEST <input type="checkbox"/> INFECTED <input type="checkbox"/> NONE <input type="checkbox"/> OTHER _____			
IMPORTED 5	OTHER 10						
SPECIMEN #	OFFICIAL ID NUMBERS	OTHER ID NUMBER	Designation (pos, sus, exp, me, n/a)	Age	Sex (m,f,cm)	Breed (if unkn, face color)	
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
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			
DSE NAME:			Remarks:				
ADDRESS:							
Phone Number:			DATE	OWNER'S SIGNATURE:			
Fax Number:			I hereby acknowledge receiving a copy of this record which I have examined and find correct.				
E-Mail:							

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES				SCRAPIE TEST RECORD - CONTINUATION WORKSHEET		FLOCK ID	PAGE NO. __ of __
FLOCK OWNER'S NAME - LAST		FIRST	INITIAL	DATE COLLECTED	REFERRAL NO.		
Specimen #		Official ID Number	Other ID Numbers	Designation (pos, sus, exp, me, n/a)	Age	Sex (f,m,cm)	Breed (if unknown, face color)
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							
Please Use Bar Code if Available							

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:

2. **RSSS Worksheet.** This worksheet is a simplified version of the VS Form 10-4 that is specific to scrapie slaughter collections; use of the worksheet decreases the time that would otherwise be needed to complete the form.

RSSS WORKSHEET -- (circle choices)						Page 1 of _____			
RSSS Collection Site Name: _____				Collection Date: _____					
Collection Site SNGD Premises Number: _____				Collector's Name: _____					
Total Number of Mature Sheep Slaughtered Today: _____				Circle one					
Number of Sheep Slaughtered Today with Official ID: _____				Estimated or Actual					
Number of Black and Mottled Faced Sheep Slaughtered Today: _____				Estimated or Actual					
Total Heads Sampled Today: _____						8.25.08 Version			
Jar #	UPC Barcode	Designation (circle first designation that applies)	Clinical Signs (circle all that apply)	Face Color	Estimated % Black (if mottled-face)	Gender	Age	Official ID/ID Type (if flock ID, enter as Flock ID_underscore and animal ID. Example: XX1234_3456)	Other IDs and ID types (write in type)
		Non-Clinical Less spec. clin. signs—LIST SIGNS Suspect Known exposed \$FCP Directed by Reg Epi	CNS Rubbing/abrasions/bare areas Unthrifty Nonambulatory Less speotflo signs Died before slaughter Condemned	Black White Mottled Red Unk	>40% 10-40% 1-10% <1% Unk	Female Male NM Unk	1 yr 2 yr 3 yr 4 yr ≥ 5 yr (full mouth) ≥ 5 yr (broken/smooth mouth)	Official ID: # _____ Circle Type: Official ID/types Flock ID-with animal # _____ Flock ID-without animal # _____ Flock ID (\$FCP) _____ Official Flock ID tattoo Serial – metal Serial – plastic RFID Backtag—applied at market Backtag—applied at plant	
		Non-Clinical Less spec. clin. signs—LIST SIGNS Suspect Known exposed \$FCP Directed by Reg Epi	CNS Rubbing/abrasions/bare areas Unthrifty Nonambulatory Less speotflo signs Died before slaughter Condemned	Black White Mottled Red Unk	>40% 10-40% 1-10% <1% Unk	Female Male NM Unk	1 yr 2 yr 3 yr 4 yr ≥ 5 yr (full mouth) ≥ 5 yr (broken/smooth mouth)	Official ID: # _____ Circle Type: Official ID/types Flock ID-with animal # _____ Flock ID-without animal # _____ Flock ID (\$FCP) _____ Official Flock ID tattoo Serial – metal Serial – plastic RFID Backtag—applied at market Backtag—applied at plant	
		Non-Clinical Less spec. clin. signs—LIST SIGNS Suspect Known exposed \$FCP Directed by Reg Epi	CNS Rubbing/abrasions/bare areas Unthrifty Nonambulatory Less speotflo signs Died before slaughter Condemned	Black White Mottled Red Unk	>40% 10-40% 1-10% <1% Unk	Female Male NM Unk	1 yr 2 yr 3 yr 4 yr ≥ 5 yr (full mouth) ≥ 5 yr (broken/smooth mouth)	Official ID: # _____ Circle Type: Official ID/types Flock ID-with animal # _____ Flock ID-without animal # _____ Flock ID (\$FCP) _____ Official Flock ID tattoo Serial – metal Serial – plastic RFID Backtag—applied at market Backtag—applied at plant	

3. Whole Head Submission Worksheet for SFCP Producers

This worksheet is a simplified version of the VS Form 10-4 that is specifically for SFCP collections and facilitates the collection of information when animal owners submit whole heads for scrapie testing. Use of the worksheet decreases the time that would otherwise be needed to complete the form.

Whole Head Submission Worksheet for SFCP Producers								
Flock ID _____								
Owner's Name _____				Address _____				
Phone _____				City, State and Zip code _____				
Date animal died or was euthanized _____				Date of Submission _____				
Animal Tags (list all)	Tattoo Number(s)	Registration Number	Age	Breed or Cross	Sex			Clinical signs observed:
					Ewe	Ram	Wether	
			Years		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Months					
Date animal died or was euthanized _____								
Animal Tags (list all)	Tattoo Number(s)	Registration Number	Age	Breed or Cross	Sex			Clinical signs observed:
					Ewe	Ram	Wether	
			Years		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Months					
Date animal died or was euthanized _____								
Animal Tags (list all)	Tattoo Number(s)	Registration Number	Age	Breed or Cross	Sex			Clinical signs observed:
					Ewe	Ram	Wether	
			Years					
			Months					