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| 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 0579-0101. The time required to complete this information collection is estimated to average .1 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. | | | OMB APPROVED  0579-0101  EXP DATE XX/XXXX |
| US DEPARTMENT OF AGRICULTURE  ANIMAL AND PLANT HEALTH INSPECTION SERVICE  VETERINARY SERVICES | **AGREEMENT TO CONDUCT THE OFFICIAL HISTOPATHOLOGY**  **EXAMINATION FOR THE DIAGNOSIS OF**  **SCRAPIE IN SHEEP AND GOATS AND BOVINE SPONGIFORM**  **ENCEPHALOPATHY IN CATTLE** | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the following:  (Laboratory Director)   1. The person(s) responsible for evaluation of tissues and final diagnosis shall have completed training in the diagnosis of spongiform encephalopathies of ruminants at the National Veterinary Services Laboratories (NVSL) or al training sessions approved by the Director of the NVSL 2. Proficiency tests will be completed satisfactorily as a part of the course and periodic post training proficiency testing will be required. 3. Preparation and examination of tissues shall be conducted in accordance with the most recent protocol for this examination as provided by the NVSL. 4. All results of tests conducted shall be reported to Stale and Federal Animal Health Officials in the State of testing and in the   State in which the animals were sampled.   1. A final histopathologic diagnosis of bovine spongiform encephalopathy must be confirmed by the NVSL.   **It is understood that if the person(s) trained to conduct the official histopathology examination is (are) no longer available to conduct this test; the laboratory will lose its approval.** | | | |
| 1. REMARKS | | | |
| 2. LABORATORY NAME AND ADDRESS | 3. TRAINED PERSON(S) | | |
| 4. LABORATORY DIRECTOR’S SIGNATURE | | 5. DATE | |

VS FORM 5-21

DEC 2011