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National Animal Health Monitoring System

2150 Centre Ave, Bldg B

Fort Collins, CO 80526

Form Approved

OMB Number 0579-0354

Approval expires:

NAHMS Goat 2019

Animal and Plant Health

Inspection Service

Veterinary Services

Blood & Swab Sample

Collection Record

**Sample Collection Overview**

The blood samples collected in the purple-top tubes will undergo genetic testing to look for genes that are known to be resistant to scrapie. Scrapie resistance results will be sent to all participants. The samples collected in the red-top serum separator tubes will be used to create a goat serum bank. The serum bank will be used for research that will benefit the goat industry. Does that have blood samples collected in the red-top tubes can also have nasal and vaginal swab samples collected. Nasal swabs will be tested for the bacterium *Mycoplasma ovipneumoniae* and these results will be sent to all participants.Vaginal swabs will be tested for the bacterium that causes Q fever, *Coxiella burnetii*. These results will not be returned to participants.

**Samples can be collected any day of the week, but samples can only be shipped Monday-Wednesday.** Keep samples cool in a refrigerator until the next shipping day. If possible, serum samples should be spun down once clotted**.**

**Kit Contents**

**This kit contains supplies for blood collection, nasal swabs, and vaginal swabs. Please remove any extra or unused supplies before shipping samples.**

15, 10-ml purple-top tubes in a tube divider box

25, 10-ml red-top, serum separator tubes in a tube divider box

40, 18-gauge vacutainer needles

3 vacutainer holders

25 nasal swabs and 25 Mycoplasma enrichment broth tubes in a tube divider box

15 vaginal swabs and culture tubes (Culture Swab™)

4 liner bags, 2 ice packs, 3 absorbent pads

Sarstedt marker for tube labeling

Ballpoint pen for filling out the Collection Record

1 medium insulated box

Paperwork including Collection Record, labels, and 1 UPS airbill addressed to NVSL

**NAHMS-458**

# JUN 2019

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 0579-0354. The time required to complete this information collection is estimated to average 2.5 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.

**Blood Collection Instructions**

**Purple-Top Tubes**

Sample a maximum of 15 goats that are at least 15 months of age. Does can be pregnant if the Producer is comfortable with the sampling. Take samples from no more than 5 unrelated bucks and 5 unrelated does of 1 breed. If more than one breed is present on the operation, you may submit additional samples from unrelated does or bucks of the other breed(s) for a maximum of 15 samples per farm.

**Use the preprinted labels numbered 1a through 15a** to label the purple-top tube samples. Using the **Sarstedt marker, write the goat name/ID on the label**. Fill 1 purple-top tube per goat sampled using the provided needles and vacutainer holder. If you prefer syringes or different length needle, you will need to provide your own.

Please place tubes in the tube divider boxes in numeric order.

**Red-Top Tubes (Serum Separator Tubes)**

Collect from does that are at least 15 months of age. Does can be pregnant if the Producer is comfortable with the sampling. **Sample a maximum of 25 does:**

|  |  |
| --- | --- |
| **Number of Does on an Operation** | **Sample Number** |
| 1 to 19 does | Sample all does |
| 20 to 49 does | Sample 20 does |
| 50 or more does | Sample 25 does |

**Use one set of the preprinted triplicate labels numbered 1b through 25b** to label the red-top tube samples. The red-top blood tubes, the nasal tubes, and the vaginal tubes will all use the labels numbered 1b through 25b and the sample number will be the same for each. You may sample does that were previously sampled for a purple-top tube. Using the **Sarstedt marker,** **write the goat name/ID on the label**.

Fill 1 red-top tube per doe using the provided needles and holder. If you prefer syringes or different length needle, you will need to provide your own.

The lab will appreciate it if you can let the samples in the red-top tubes clot and then spin them down. Please place tubes in the tube divider boxes in numeric order.

**Nasal Swab Instructions**

**Collect one nasal swab sample from each doe that had a red-top tube collected.** The sample numbers and goats need to match the samples from the red-top blood tubes.

Insert the swab **gently** and deep into each nostril. Swabs can go 4 to 5 inches deep. Insert the same swab into each nostril. Discard the swab and use a new one if the swab is dropped on the ground.

Place the swab in the broth, break off the swab at the notch so that it can be left in the media. **Secure the tube lid** ensuring that it is on straight to prevent any leaking. Use the preprinted triplicate labels numbered 1b through 25b to label each broth enrichment tube. Using the **Sarstedt marker, write the** **Goat name/ID on the label.** Be sure the sample numbers and goat names on the labels match sample numbers and goat names on the red-top blood tubes.

Please place the broth tube samples (with secured lids) in the tube divider box in numeric order.

**Vaginal Swab Instructions**

Collect one vaginal swab from **up to 15 does** that had a red-top blood tube collected. The sample numbers and goat names need to match the samples on the red-top blood tubes.

Insert the dry cotton swab gently into the vagina by spreading the vulvar lips. The swab wand should be inserted at least half way into the vagina and rotated 180 degrees 4 to 5 times. Next, insert the swab into the culture tube and secure the lid. Use the preprinted triplicate labels numbered 1b through 15b to label each culture tube. Using the **Sarstedt marker, write the goat name/ID on the label.** Be sure the sample numbers and goat names on the labels match sample numbers and goat names on the red-top blood tubes.

Place the culture tube samples in a liner bag and tie shut.

**Collection Record Form Instructions**

Match the label number on the tube to the appropriate lines on the collection form. **Using a ballpoint pen**,complete all information requested**. Send the white and yellow copy to the lab and leave the pink copy with the Producer.**

**Shipping**

Keep blood and swab samples cool.

Place both **blood boxes**, one absorbent pad, and both ice packs inside a liner bag, express air and tie shut.

Place the **nasal broth boxed samples** inside a liner bag with one absorbent pad, express air, and tie shut. Double bag the nasal broth by placing the samples in a second liner bag, and tie shut.

Place the bag of **vaginal culture tubes** inside a second liner bag (double bagging the samples) with one absorbent pad, express air, and tie shut.

Place all the bagged samples inside the insulated shipping box.

**Place the white and yellow copy of the collection record on top of the insulated box. Leave the pink copy with the producer.**

Secure box and ship to NVSL within 24 hours. **Ship only Monday-Wednesday.**

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NOTE: Remove or black out all extraneous labels on outside of box.

Blood (Purple-Top Tubes) Collection Record

Sample a maximum of 15 goats that are at least 15 months of age. Take samples from no more than 5 unrelated bucks and 5 unrelated does. If more than one breed is present on the operation, you may submit additional samples from unrelated does or bucks of the other breed(s).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAHMS ID:**  6 digits | **Date:**  mm/dd/yy | **Kit #:**  Printed on labels | **Total doe**  **inventory**  **TODAY:** | **Total buck**  **inventory**  **TODAY:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Label number | Goat ID | **Age**  (years) | Goat Gender  1=Doe  2= Buck | Breed  *[See breed codes below]* |
| 1a |  |  |  |  |
| 2a |  |  |  |  |
| 3a |  |  |  |  |
| 4a |  |  |  |  |
| 5a |  |  |  |  |
| 6a |  |  |  |  |
| 7a |  |  |  |  |
| 8a |  |  |  |  |
| 9a |  |  |  |  |
| 10a |  |  |  |  |
| **Continue collection if more than one breed is present on the operation.** | | | | |
| 11a |  |  |  |  |
| 12a |  |  |  |  |
| 13a |  |  |  |  |
| 14a |  |  |  |  |
| 15a |  |  |  |  |

Serum (Red-Top Tubes) and Swab Collection Record

|  |  |  |  |
| --- | --- | --- | --- |
| **NAHMS ID:**  6 digits | **Date:**  mm/dd/yy | **Kit #:**  Printed on labels | **Total doe**  **inventory**  **TODAY:** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Label number | Doe ID | **Age**  (years) | Breed  *[See breed codes below]* | Doe status  1=Nursing  2=Pregnant  3=Open | Clinical History:  1=Abortion in previous 12 months  2=Runny nose  3=Thin  4=Diarrhea  5=Other  *[List all that apply]* | Comment or specify other clinical history | Nasal Swab Collected? Place a checkmark for YES | Vaginal Swab Collected?*[Only 15 samples]*Place a checkmark for YES |
| 1b |  |  |  |  |  |  |  |  |
| 2b |  |  |  |  |  |  |  |  |
| 3b |  |  |  |  |  |  |  |  |
| 4b |  |  |  |  |  |  |  |  |
| 5b |  |  |  |  |  |  |  |  |
| 6b |  |  |  |  |  |  |  |  |
| 7b |  |  |  |  |  |  |  |  |
| 8b |  |  |  |  |  |  |  |  |
| 9b |  |  |  |  |  |  |  |  |
| 10b |  |  |  |  |  |  |  |  |
| 11b |  |  |  |  |  |  |  |  |
| 12b |  |  |  |  |  |  |  |  |
| 13b |  |  |  |  |  |  |  |  |
| 14b |  |  |  |  |  |  |  |  |
| 15b |  |  |  |  |  |  |  |  |

**For does at least 15 months of age:**

Serum (Red-Top Tubes) and Swab Collection Record

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Label number | **Doe ID** | **Age**  (years) | Breed  *[See breed codes below]* | Doe status  1=Nursing  2=Pregnant  3=Open | Clinical History:  1=Abortion in previous 12 months  2=Runny nose  3=Thin  4=Diarrhea  5=Other  *[List all that apply.]* | Comment or specify other clinical signs | Nasal Swab Collected? Place a checkmark for YES | Vaginal Swab Collected?*[Only 15 samples]*Place a checkmark for YES |
| 16b |  |  |  |  |  |  |  |  |
| 17b |  |  |  |  |  |  |  |  |
| 18b |  |  |  |  |  |  |  |  |
| 19b |  |  |  |  |  |  |  |  |
| 20b |  |  |  |  |  |  |  |  |
| **Continue collection if there are 50 or more does on the operation.** | | | | | | | | |
| 21b |  |  |  |  |  |  |  |  |
| 22b |  |  |  |  |  |  |  |  |
| 23b |  |  |  |  |  |  |  |  |
| 24b |  |  |  |  |  |  |  |  |
| 25b |  |  |  |  |  |  |  |  |

**How many people in each category helped with the collection of the blood and swab samples?**

\_\_\_\_\_ Fed VMO \_\_\_\_\_ State government

\_\_\_\_\_ Fed AHT \_\_\_\_\_ Producer

\_\_\_\_\_ Other (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Total sample time: \_\_\_\_\_\_\_ hours**

**Primary collector name and phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_