

Veterinary Services

# Goat 2019 Enteric Pathogen Collection Record

National Animal Health Monitoring System

2150 Centre Ave, Bldg B Fort Collins, CO 80526

Form Approved OMB Number 0579-0354 Expires: 6/30/2013

## COMPOSITE-ONLY KIT Two fresh fecal pellets from up to 30 goats

#### Overview:

The samples collected will be cultured for *Salmonella*, *Campylobacter*, *Enterococcus* and *E. coli*. *Salmonella* and *E. coli* isolates will be tested for antimicrobial susceptibility. *Salmonella* culture results will be sent to all participants.

#### Kit contents:

- 5 Whirl-Pak® bags
- 2 ice packs
- 2 liner bags

Paperwork that includes submission form, labels, and UPS airbill addressed to ARS in Athens, GA.

#### **Collection schedule:**

- ➤ Group 1: TX, OK
  - Collection dates are May 1-September 30, 2016
  - Submit up to 30 samples per week.
- Group 2: KY, New England (CT, MA, RI), AR, KS, MT, CA, FL, MI, PA, OH, NC
  - Collection dates are May 1–July 15, 2016
  - Submit 20/week/ State (and New England)
- Group 3: OK, TN, OR, DE, AZ, VA, NY, MD, WI, WY, AL, MO, CO, NJ
  - Collection dates are July 16–September 30, 2016
  - Submit up to 20 samples/week/State

You need to adhere to the collection schedule. Ideally, collect and ship the samples the same day.

#### Sample collection:

You will be making composite samples, each containing **2 fecal pellets** from **6 goats** (12 pellets per bag). A maximum of 5 composite samples will be made from 30 goats.

**Fresh samples are a must**. Collect rectally or immediately off the ground while still warm. Place 2 **fresh** pellets from 6 animals in one bag.

**DO NOT** put more than 2 pellets per goat in a bag. **Submitting more than 2 pellets per goat** will skew the test results.

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 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collected.

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#### Paperwork and shipping:

Use a ballpoint pen to write on the 2-part carbonless form and make sure the information is clear and readable on both the white and yellow copies of the form.

Indicate the age group(s) sampled on submission form.

Keep samples cool and ship within 24 hours of collection. Wednesday collections must be shipped the same day. Thursday through Saturday shipments are not allowed.

Freeze the 2 ice packs at least 24 hours before collection.

Write the State, operation, and age group sampled on each label.

Cool down samples with ice packs. Keep samples cool and, if necessary, replace ice packs so samples are shipped with frozen ice.

Express air from Whirl-Pak bags, twist down twice, and secure. Do not use label to secure bag closed. Place samples in a liner bag. Layer the bag between the 2 ice packs inside a second liner bag.

Place the copy of the submission form on top of the Styrofoam™ lid before closing the box. Secure box and ship to ARS in Athens, Georgia, within 24 hours. Send the original submission form to your NAHMS coordinator.

What if you can't get 5 complete sets of samples (e.g., only 22 goats)? Make as many complete composites as you can and then make a partial composite if you have 2 to 5 goats remaining. Indicate on both the bag and submission form that the composite is a partial. In this example, you will submit 3 complete composite samples and a partial that contains the pellets of 4 goats. (Cannot have a partial of just one goat).

Write on both the form and label the number of animals represented in the partial sample. In the above example, written PARTIAL - 4 goats.

### NAHMS Goat 2019 Enteric Pathogen Submission Form

	State FIPS:	Operation #:	Primary collector:	Date:	Kit # on label:
I	2 digits	5 diiaits	Initials	(mm/dd/vv)	

	COMPOSITE bag number			Age group represented in sample [Check all that apply for each bag.]					
				Nursing kid	□ <sub>4</sub> Replacement doe				
	Α			Doe nursing kid	$\square_5$ Weaned market kid				
		31	□3	Pregnant doe	□ <sub>6</sub> Other (specify)				
	В	В		Nursing kid	□₄ Replacement does				
	D			Doe nursing kid	$\square_{5}$ Weaned market kids				
		32	□3	Pregnant doe	$\square_6$ Other (specify)				
	•			Nursing kid	□ <sub>4</sub> Replacement does				
	C		$\square_2$	Doe nursing kid	□ <sub>5</sub> Weaned market kids				
		33	□₃	Pregnant doe	$\square_6$ Other (specify)				
	<b>D</b>			Nursing kid	□ <sub>4</sub> Replacement does				
	D			Doe nursing kid	□ <sub>5</sub> Weaned market kids				
		34	□₃	Pregnant doe	□ <sub>6</sub> Other (specify)				
	_	_		Nursing kid	□ <sub>4</sub> Replacement does				
	E			Doe nursing kid	$\square_5$ Weaned market kids				
		35	□3	Pregnant doe	□ <sub>6</sub> Other (specify)				
F				Nursing kids ONLY					
ow many	people in each category VMO Fed A	y he	lped	with the collection of	ne same day as collected? the individual fecal samples? ment				
ot countir	ng producer time, how none to collect and prepa	nany	/ hou	rs did it	, hc				

How many round-trip hours did it take for everyone to get to the farm and back: \_\_\_\_\_ hours

NA	AHMS ID (5 digits): Fecal Culture kit #:	Collection date:
Сс	ollector name:	Phone #:
1.	How many goats are on this premises?	head fc101
2.	How many samples are being submitted to the lab?	# fc102

	fc105	fc106	20		fc111	fc112	fc113	fc114	fc115	fc116	fc117
<b>Goat</b> # fc104	Goat name or unique ID	A. Age (months or years)	B. Gender	E. Breed [See code sheet.] 6110	F. Fecal score on collected sample 1=normal (pelleted) 2=soft 3=watery 4=bloody 5-other (describe)		H. Body condition score 1=thin 2=normal 3=fat	I. Did this animal receive an antibiotic in the last 12 months? (Yes/No) [If No, SKIP cols J, K, L.]	J. Did this animal receive an antibiotic in the last 30 days? (Yes/No) [If No, SKIP cols K, L.]	K. Which antibiotic(s) were given in the last 30 days (enter code)	L. Route of administration of antibiotic(s) if given in the last 30 days (enter code)
1		mo									
2		mo yr									
3		mo yr									
4		mo yr									
5		mo yr									
6		mo yr									
7		mo yr									
8		mo yr									
9		mo yr									
10		mo yr									