Appendix B

1. **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

PREMISE ID NO.

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

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/SNGD)	TOTAL # OF SAMPLES

FLOCK ID

FLOCK OWNER'S COMPLETE ADDRESS

CERTIFICATION FOR PAYMENT

☐ Cooperative Agreement ☐ State/Federal Expense ☐ 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

1 **SURVEILLANCE**		6 **RETEST**	
2 FLOCK (RE) CERTIFI-CATION		7 INFECTED OR SOURCE RSSS POS.	
3 HIGH RISK TRACE TO FLOCK		8 INFECTED OR SOURCE (NOT RSSS)	
4 OWNER'S REQUEST		9 MISSING EXPOSED EWE (ME)	
5 IMPORTED		10 OTHER	

COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS: ☐ YES ☐ NO

NO. OF ANIMALS IN FLOCK _____

KIND OF FLOCK

☐ SHEEP ☐ GOAT ☐ MIXED ☐ OTHER _____

LAB TURN AROUND TIME

☐ 5 DAY TURNAROUND ☐ 10 DAY TURNAROUND

TEST TYPE

☐ 171 CODON ONLY ☐ 171/136 CODON
☐ 136 CODON ONLY ☐ 171/136/154 CODON
☐ THIRD EYELID *(TE)* ☐ OTHER _____

VETERINARIAN'S SIGNATURE | TELEPHONE NO.

VETERINARIAN'S NAME *(Please print)* | COLLECTION DATE

VETERINARIAN'S ADDRESS

FAX NO. OR E-MAIL ADDRESS | AGREEMENT NO.

FLOCK STATUS

☐ SFCP ☐ SOURCE ☐
☐ INVEST ☐ INFECTED ☐ NONE
☐ OTHER _____

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:

ADDRESS:

Remarks:

Phone Number:

Fax Number:

E-Mail:

DATE | OWNER'S SIGNATURE:

I hereby acknowledge receiving a copy of this record which I have examined and find correct.

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. VETERINARIAN		

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 SFCP Directed by Reg Epi	CNS Rubbing/abrasions/bare areas Unthrifty Nonambulatory Less specific 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 (SFCP) Official Flock ID tattoos Serial – metal Serial – plastic RFID Backtag–applied at market Backtag–applied at plant	
		Non-Clinical Less spec. clin. signs–LIST SIGNS Suspect Known exposed SFCP Directed by Reg Epi	CNS Rubbing/abrasions/bare areas Unthrifty Nonambulatory Less specific 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 (SFCP) Official Flock ID tattoos Serial – metal Serial – plastic RFID Backtag–applied at market Backtag–applied at plant	
		Non-Clinical Less spec. clin. signs–LIST SIGNS Suspect Known exposed SFCP Directed by Reg Epi	CNS Rubbing/abrasions/bare areas Unthrifty Nonambulatory Less specific 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 (SFCP) Official Flock ID tattoos 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 summit 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		☐	☐	☐	
			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					

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					