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OMB Approved
0579-0420
EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
NATIONAL ANIMAL HEALTH MONITORING SYSTEM
2150 CENTRE AVE, BLDG B
FORT COLLINS, CO 80526

NAHMS Bison 2022 Enteric Microbe Collection Record

Collect the enteric microbe fecal sample at the same time as the pre-deworming Kit A samples (2 fecal samples per bison, but ship the samples in their respective kits; they will be shipped to different labs). Enteric Microbe samples will be shipped to NCSU for testing. You will need to ship these samples within 24 hours of collection. Collect and ship samples Sunday through Wednesday.

NUMBER OF BISON TO SAMPLE

Number of bison on an Operation	Sample Number
1-9 bison	Sample all bison
10-24 bison	Sample up to 15 bison
25-99 bison	Sample up to 25 bison
100 or more bison	Sample up to 30 bison

Select animals that will be representative of the herd. If possible, include pregnant/nursing bison as well as young bison in your sample collection.

Step-by-Step Guide to Sample Collection

Please follow the instructions provided below for collection and submission of samples. Two samples per Animal (duplicate samples) need to be submitted to complete both the fecal parasite testing and the enteric microbe testing. The pre-deworming fecal parasite Kit A samples will be submitted in the box labeled FP Kit A. The Enteric Microbe samples will be submitted in the Enteric Microbe (EM Kit) box.

1. Freeze ice packs 24 hours ahead of time.
2. Turn a Whirl-Pak® bag inside out over your hand.
3. Pick up a small handful (golf ball size) of **fresh** fecal material (not petrified) from the top of the pile to prevent contamination from the ground. One fecal ball per bag is adequate. Include diarrhea samples.
4. **If possible, associate the sample with a specific animal.** If you cannot identify specific animal samples, please provide a pasture ID and describe the group of animals that the sample is from in the collection form row for that group. Include information on gender, age range, and breed for the group.
5. Turn the bag right side out with your other hand **and** squeeze extra air out of the bag. Roll the bag **twice** and twist closed to prevent leakage.
6. Place a preprinted label on the sample bag. **Do not use the label to seal the bag.** Write the **Bison Unique ID and Farm ID** on each label. Write the Bison Unique ID in the corresponding row for Bison sample # on the table in Enteric Microbe Form.

REPEAT STEPS 2-6 for duplicate samples if submitting Pre-Deworming Fecal Parasite samples. Use bags and labels from the Enteric Microbe kit (EM kit) for enteric microbe sampling. Use bags and labels from the Pre-Deworming Fecal Parasite Kit (FP Kit A) for fecal parasite sampling. The Fecal Parasite samples will be submitted in the FP Kit A. DO

NOT INCLUDE FECAL PARASITE samples in the ENTERIC MICROBE KIT.

7. Cool samples down as soon as possible. Refrigerate until they are shipped. **Do not freeze.**
8. The Enteric Microbe Form is printed on 2-part carbonless paper. **Please write firmly with a ballpoint pen and make sure the information appears clearly on both copies.** The white copy goes with the samples to the lab. You may keep the yellow copy for your records.

Completing the table in Enteric Microbe Form (attached)

1. **FARM ID:** This ID will be filled out for you. Test results will refer to this unique ID number.
2. **Kit ID:** This number is printed on Enteric Microbe box and on the labels for the sample bags.
3. Collect the fecal samples at the same time you collect your pre-deworming fecal parasite samples.
4. Complete each column in the Enteric Microbe Form for each bison sampled. If you don't know the answer, write **DK**. If you **decline to answer**, please draw a line through the cell so that we know you didn't just forget to answer that question.
5. Place the **white copy of the collection form** on top of the Styrofoam lid and seal the box packing tape.
6. **Keep the yellow copy** of the collection form for your records.
7. Ship samples with the frozen ice pack no more than 24 hours after collecting the samples. Ship **Sunday through Wednesday**. Do not collect samples on Thursday-Saturday.
8. **Use the enclosed preprinted, prepaid FedEx label addressed to NCSU**

Contact FedEx to locate a convenient drop-off location that accepts priority overnight packages. 1-800-gofedex (1-800-463-3339) or www.fedex.com

Enteric Microbe Form

FARM ID _____

Kit ID: _____

Collection date: _____

Sample #	Bison unique ID*	Age (months OR years)	Gender (see codes below)	Breed- (see codes below)	Condition of fecal sample 1=Normal 2=Soft/cowpie-like 3=Watery, 4=bloody 5=Other (describe)	Did this animal receive individual antimicrobial therapy in the last 30 days? (Yes/No) <i>[If No, SKIP next two columns]</i>	Which individual antibiotic(s) were given in the last 30 days? <i>[See reference card and enter code or specify "Other"]</i>	What was the primary reason for the use of antibiotics in the last 30 days? NA=No Antibiotics used 1. Respiratory Disease 2. Pink Eye 3. Digestive 4. Reproductive 5. Lameness or injury 6. Other (specify)
1		___ mo or ___ yr						
2		___ mo or ___ yr						
3		___ mo or ___ yr						
4		___ mo or ___ yr						
5		___ mo or ___ yr						
6		___ mo or ___ yr						
7		___ mo or ___ yr						
8		___ mo or ___ yr						
9		___ mo or ___ yr						
10		___ mo or ___ yr						

*Any designation will do (text or numeric) as long as it identifies a specific animal (preferred) or group of animals.

Gender codes:

1 = Intact male 2 = Castrated male 3 = Intact female (nonpregnant) 4 = Pregnant female 5 = Spayed female 6 = Unknown status

Breed codes:

1 = Plains 2 = Wood 3 = Beefalo (hybrid) 4 = Wisent 5 = Zubron 6 = Other breed

Enteric Microbe Form

FARM ID _____

Kit ID: _____

Collection date: _____

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11		___ mo or ___ yr						
12		___ mo or ___ yr						
13		___ mo or ___ yr						
14		___ mo or ___ yr						
15		___ mo or ___ yr						
16		___ mo or ___ yr						
17		___ mo or ___ yr						
18		___ mo or ___ yr						
19		___ mo or ___ yr						
20		___ mo or ___ yr						

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21		___ mo or ___ yr						
22		___ mo or ___ yr						
23		___ mo or ___ yr						
24		___ mo or ___ yr						
25		___ mo or ___ yr						
26		___ mo or ___ yr						
27		___ mo or ___ yr						
28		___ mo or ___ yr						
29		___ mo or ___ yr						
30		___ mo or ___ yr						

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