

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0420. The time required to complete this information collection is estimated to average 3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected.

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 Post-Deworming Fecal Parasite Kit B Collection Record

**Twelve to 30 days after deworming, collect a post-deworming fecal sample from the same animals that were sampled in Kit A. You will need to ship these samples within 24 hours of collection. Collect and ship samples Sunday through Wednesday.**

### Step-by-Step Guide to Sample Collection

Please follow the detailed instructions provided below for collection and submission of samples for this study.

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 old pre-deworming samples) from the top of the pile to prevent contamination from the ground. One fecal ball is adequate. Include diarrhea samples.
4. **Collect the samples from the same specific bison or group of bison as you did in kit A. For example, sample 1 on the pre-deworming Fecal Parasite Kit A Form should match sample 1 on the Post-Deworming Fecal Parasite Kit B Form.**
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 Post-Deworming Fecal Parasite Kit B Form.
7. Cool samples down as soon as possible. Refrigerate until they are shipped. **Do not freeze the samples.**
8. The Post-Deworming Fecal Parasite Kit B 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.**
  - a. White— Place in box with samples.
  - b. Yellow copy—Keep for your records



## Completing the table in the Post-Deworming Fecal Parasite Kit B Form (attached)

1. **FARM ID:** This ID will be filled out for you and test results will refer to this unique ID number.
2. **Kit ID:** This number is printed on Box FP Kit B and on the labels for the sample bags.
3. Complete each column in the Post-Deworming Fecal Parasite Kit B 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. As with Kit A, if you cannot identify specific animal samples, please describe the group of animals that the sample is from in the collection form row for that group.
4. Place the **white copy of the collection form** on top of the Styrofoam lid and seal the box with packing tape.
5. **Keep the yellow copy** of the collection form for your records.
6. **Ship samples with frozen ice packs no more than 24 hours** after collecting the samples. **Ship Sunday through Wednesday**. Do not collect samples on Thursday-Saturday.
7. **Use the enclosed preprinted, prepaid FedEx label addressed to SDSU.**

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](http://www.fedex.com)

Sample #	Bison unique ID*	Age (months OR years)	Gender (see codes below)	Condition of fecal sample 1=Normal 2=Soft/cowpie-like 3=Watery, 4=bloody 5=Other (describe)	Conditions in last 30 Days 1=Diarrhea 2=Weight loss 3=Poor hair coat 4=Other (describe)	Grazing History	Grazing Livestock	Pasture History
						1=Previous 30 days, grazing at all times 2=Previous 30 days, grazing periodically 3=No grazing in previous 30 days, but grazing in prior 12 months 4=No grazing in previous 12 months	In the previous 12 months, did the bison graze with the following types of animals? Select all that apply: 1= Cattle 2= Goats 3=Sheep 4=Horses/Equids 5=Other, specify	In the previous 12 months: 1= 0 days on pasture 2= grazed continuously on a single pasture 3= rotated through 2 pastures 4= rotated through 3 or more pastures
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						

\*The Bison Unique ID and the Sample # should match what was recorded on the Pre-deworming Kit A form.

Gender codes:

1 = Intact male

2 = Castrated male

3 = Intact female (nonpregnant)

4 = Pregnant female

5 = Spayed female

6 = Unknown status

## Post-Deworming Fecal Parasite Kit B Form

Farm ID: \_\_\_\_\_

Kit ID: \_\_\_\_\_

Collection date: \_\_\_\_\_

Sample #	Bison unique ID*	Age (months OR years)	Gender (see codes below)	Condition of fecal sample 1=Normal 2=Soft/cowpie-like 3=Watery, 4=bloody 5=Other (describe)	Conditions in last 30 Days 1=Diarrhea 2=Weight loss 3=Poor hair coat 4=Other (describe)	Grazing History 1=Previous 30 days, grazing at all times 2=Previous 30 days, grazing periodically 3=No grazing in previous 30 days, but grazing in prior 12 months 4=No grazing in previous 12 months	Grazing Livestock In the previous 12 months, did the bison graze with the following types of animals? Select all that apply: 1= Cattle 2= Goats 3=Sheep 4=Horses/Equids 5=Other, specify	Pasture History In the previous 12 months: 1= 0 days on pasture 2= grazed continuously on a single pasture 3= rotated through 2 pastures 4= rotated through 3 or more pastures
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						

\*The Bison Unique ID and the Sample # should match what was recorded on the Pre-deworming Kit A form.

Gender codes:

1 = Intact male

2 = Castrated male

3 = Intact female (nonpregnant)

4 = Pregnant female

5 = Spayed female

6 = Unknown status

## Post-Deworming Fecal Parasite Kit B Form

Farm ID: \_\_\_\_\_

Kit ID: \_\_\_\_\_

Collection date: \_\_\_\_\_

Sample #	Bison unique ID*	Age (months OR years)	Gender (see codes below)	Condition of fecal sample 1=Normal 2=Soft/cowpie-like 3=Watery, 4=bloody 5=Other (describe)	Conditions in last 30 Days 1=Diarrhea 2=Weight loss 3=Poor hair coat 4=Other (describe)	Grazing History 1=Previous 30 days, grazing at all times 2=Previous 30 days, grazing periodically 3=No grazing in previous 30 days, but grazing in prior 12 months 4=No grazing in previous 12 months	Grazing Livestock In the previous 12 months, did the bison graze with the following types of animals? Select all that apply: 1= Cattle 2= Goats 3=Sheep 4=Horses/Equids 5=Other, specify	Pasture History In the previous 12 months: 1= 0 days on pasture 2= grazed continuously on a single pasture 3= rotated through 2 pastures 4= rotated through 3 or more pastures
21		___ mo ___ yr						
22		___ mo ___ yr						
23		___ mo ___ yr						
24		___ mo ___ yr						
25		___ mo ___ yr						
26		___ mo ___ yr						
27		___ mo ___ yr						
28		___ mo ___ yr						
29		___ mo ___ yr						
30		___ mo ___ yr						

\*The Bison Unique ID and the Sample # should match what was recorded on the Pre-deworming Kit A form.

Gender codes:

1 = Intact male

2 = Castrated male

3 = Intact female (nonpregnant)

4 = Pregnant female

5 = Spayed female

6 = Unknown status