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 0579-0409. The time required to complete this information collection is estimated to average 6 minutes 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.

OMB Approved
0579-0409

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE
AMES, IOWA 50010
515-337-7514

BSE SURVEILLANCE SUBMISSION FORM

Page of

1. BSE Referral Number

2. SUBMITTED BY

Name (*including Business Name*) NVSL Submitter ID

Email

Phone Fax

Street

City State ZIP Code

Use separate submission form for each submitter, collector, collection site, and collection date combination. Attach a separate Bar Code Sticker (*if available*) for each sample in the spaces below. **Attach a separate BSE Surveillance Data Collection Form (*VS 17-131*) for each animal.** Sample IDs on this form must match Sample IDs on BSE Surveillance Data Collection Forms.

3. COLLECTION SITE

Premises ID (*or Lat/Long*) or FSIS Plant Number

Name (*including Business Name*)

Street

City State ZIP Code

Phone Fax

Email

4. COLLECTION DATE

5. COLLECTION SITE TYPE *(select only one)*

- ○ Slaughter Plant
- ○ Renderer
- ○ Public Health Lab
- ◉ On Farm
- ○ Diagnostic Lab
- ○ 3D-4D
- ○ **Other (*describe*)**

6. COLLECTED BY or √ ☐ if Same as Submitted by

Name (*including Business Name*)

Street

City State ZIP Code

Phone Fax

Email

7. SAMPLE INFORMATION

Number of Samples _____
Preservation ○ Ice Pack ○ Other _____

1 BSE Sample ID	5 BSE Sample ID	9 BSE Sample ID	13 BSE Sample ID
2 BSE Sample ID	6 BSE Sample ID	10 BSE Sample ID	14 BSE Sample ID
3 BSE Sample ID	7 BSE Sample ID	11 BSE Sample ID	15 BSE Sample ID
4 BSE Sample ID	8 BSE Sample ID	12 BSE Sample ID	16 BSE Sample ID

8. Additional Data (*attach additional page(s) if needed*)

9. Shipping Date	10. Signature of Submitter		
11. Destination Lab	12. Shipment Tracking Number		Accession Number
Condition Received	Distribution	Received by	Date Received

VS FORM 17-146
FEB 2014

VS FORM 17-146 IINSTRUCTIONS

Complete a separate submission form for each submitter, collector, collection site, and collection date combination. If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

Also complete VS FORM 17-131 (BSE Surveillance Data Collection Form) for each animal listed on VS 17-146.

1. BSE REFERRAL NUMBER

The number must be a unique identifier for the submission that will not be duplicated in any other BSE surveillance submission. The BSE Referral Number is used to associate the BSE Surveillance Submission Form to the BSE Surveillance Data Collection Form in the database.

The suggested format for the BSE Referral Number consists of 13 or 14 alphanumeric characters.

- First two characters are the 2-letter postal abbreviation for the State;
- Next two to three characters are the collector's initials (First, Middle, Last) ;
- Next eight characters are the collection date in the MMDDYYYY format; and
- Last character is a letter representing which submission form of the day it is for the collector (i.e., A=First)

Example 1. COSAJ06012006A
Translates to: Colorado – Steven Allen Jones – June 1, 2006 – first submission of the day.

Example 2. COSAJ06012006B
Translates to: Colorado – Steven Allen Jones – June 1, 2006 - second submission by Steven Allen Jones for that day, either from the same collection site or a different collection site.

2. SUBMITTED BY

Enter requested information for the person submitting the sample to the laboratory (the submitter). If the samples are being submitted to the NVSL, and the submitter has a NVSL Submitter ID, provide it.

3. COLLECTION SITE

Enter all the requested data for the collection site. Ensure that the National Premises Identification Number (if available) or the FSIS Establishment Number where the sample was collected is entered.

4. COLLECTION DATE

Enter the date the samples were collected. All samples on one form must be collected on the same day. Use the MM/DD/YYYY format.

5. COLLECTION SITE TYPE

Select the type of facility where the sample was collected.

6. COLLECTED BY

Enter all of the information requested for the person that actually collected the tissue sample for submission to the testing laboratory. If the Collector is the same as the Submitter, it is only necessary to check the indicated box.

7. SAMPLE INFORMATION

Specify the number of samples being submitted and the preservation method used for transport. For each sample, provide a unique sample ID barcode in the BSE Sample ID boxes immediately below Block 7. Barcodes are available in the sample kits or barcodes can be ordered from the NVSL at ncah.shipping@aphis.usda.gov. In the event that barcodes are not available at the time of sample collection, contact the VS Area Office so that barcodes can be assigned for the submission.

8. ADDITIONAL DATA

Use this block to provide other pertinent information not captured elsewhere on the form or VS 17-131.

9. SHIPPING DATE

Enter the date the samples are shipped to the laboratory. Use the MM/DD/YYYY format.

10. SIGNATURE OF SUBMITTER

The submitter must sign the form.

11. DESTINATION LAB

Enter the name (or Laboratory ID) of the laboratory where the samples are being sent for diagnostic testing.

12. SHIPMENT TRACKING NUMBER

Enter the airbill or shipment tracking number for the package(s) being sent to the diagnostic laboratory.

Conditions/Distribution/Received By/Date Received/ Accession Number blocks are reserved for use by the testing laboratory.