

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 0579-0101. The time required to complete this information collection is estimated to average .3 hours 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.

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	SCRAPIE TEST RECORD CONTINUATION SHEET Complete all entries on VS Form 5-29 before using this form.	FLOCK ID	PAGE NO. __ of __	OMB APPROVED 0579-0101 EXP DATE XX/XXXX
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FLOCK OWNER'S NAME - LAST	FIRST	INITIAL	DATE COLLECTED	VETERINARIAN
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Specimen #	Official ID Number	Other ID Numbers	Designation (pos, sus, exp, me, n/a)	Age	Sex (f,m,cm)	Breed (if unknown, face color)	3rd Eyelid Info		
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen
							L	R	Seen Unseen

NOTE: Sample numbers on specimens must be the same as listed on this form.
Remarks:

Circle if the 3rd eyelid tissue came from the Left or Right eye. Circle if the lymphoid tissue was Seen or Unseen