Surveillance Collaboration Services (SCS) Scrapie data entry forms

Home Page

*	Home	Core -	Reporting -	Log out	
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			Qı	uick Search	
		\square		Search premises Q	
				Search people Q	Quick Links
				Search animals Q	Change password
				Search accessions Q	My Work Animal Lists
				Search vaccinations Q	MIM Matches
				Search activities Q	
				Search movements Q	
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Person, Premises and Herd records -

- Information on People (owners and contacts), premises, and herds is usually obtained from VS Forms 5-19A-D and 5-22, and other forms that include this information, or through phone, e-mail, fax, or other communications not using a form.
- Person record is created......

A Home Core → Reporting → Log out

Create new person

Title			
First name			
Middle name			
.* Last name			
Suffix			
Gender	Gender unknown/unspecified	~	
Country	UNITED STATES	~	
Address			
		Ī	
State	Colorado	~	
County	Unknown	~	
Region			
City/Town			
ZIP code			1
Person number			
Email address			
	[
Home phone			
Office phone			
Cell phone			
Fax number			
Date of birth	m		
Comments			
		11	
	Active?		
	Create		



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Cancel create

A Home Con	e - Reporting - Log out		
Create new pre	mises		
			Cancel
Premises details Seco	ondary species Herds Progra	am enroliment & update	
Premises ID			
Legacy number 1			
Legacy number 2			
Legacy number 3			
Legacy number 4			
Name			
.* Owner	Not selected		
Inception Date 🛗			
Premises type	Unknown	•	
Country	UNITED STATES	·	
Address]	
01. 7			
City/Town State	Colorado		
County	Unknown		
Region			
ZIP code		4	
Account no			
Account name			
Geo location	Latitude Max 90.000000		
	Longitude Max 180.000000	j	
Number of acres	Max 999999.99		
Phone			
Cell phone			
Fax			
Email			
Website			
Hydrological unit code			
Comments			
		6	
Privacy			
	Active?		
	Create		
	Create		
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còreone	acces	s prohibited.	Tracefirst

• Person record is linked to a Premises record.

• Herd record added to premises

		Back to prem
Main Info Herd Usage	S	
÷ e	Premises name Premises number Premises address	
Owner		
	Change X Clear	
"Herd manager		
	Change X Clear	
Herd Business name		
Number	Leave blank to autogenerate	
Name		
.* Species	Select species ~	
Geo location	Herd latitude	
Comments	Herd longtitude	
	4	
	Active?	
	Create	

• Uniquely identified (UI) animal inventory--Information obtained from VS Form 5-18, 5-18A and VS Form 5-20 or copies of owner created records.

A Home	e Core	Reporting Log out	
			Back to herd
Create an	nimal B	elle Terre Farm (NJ6220 - OVI)	
Premises	Belle Terr	Farm (NJ6220) :: 116 Baird Rd, Millstone Towns	hip, NJ, 08535
Animal details	Tags	Genealogy	
	Owner		
	owner		
		Change X Clear	
	Name		
" Date	of birth 🛗		
Date of regis	stration 🛗		
	Breed Q		
	Color		
	Sex	~	
	ook		
		Submit	
~		© 2007-2022 Trace First Limited. All rights reserved.	Unauthorised
coreon	e	access prohibited.	Tracefirst

• Recording Activities

• Inspections and Investigations--Information typically obtained from VS Form 5-19A-D, but may be entered from State forms that include this information, or through phone, e-mail, fax, or other communications not using a form.

Home Con	re → Reporting → Log out	
Create new act	ivity Belle Terre Farm (NJ6220 - OVI)	Cancel
Case number	20221227-144609-473523	
Entity	Belle Terre Farm (NJ6220 - OVI)	
.* Start date 🛗		
Complete by date 🛗		
" Activity type	Y	
Person responsible	Not selected	
Comments	4	
	Save	
Coreone	© 2007-2022 Trace First Limited. All rights reserved. Unauthorised access prohibited.	acefirst

VSLS VSLS Information Collection

- Regulatory Scrapie Slaughter Surveillance (RSSS)--Information obtained from RSSS Worksheets or entered directly from samples.
 - Create lab submission form

• Data entry and search form for collection site and collector

Collection Information	on			* Required Field
Submission Information:				Required field
Program	Collection/Test Type	Refe	rral #	Collection Date
Scrapie Eradication Program	Regulatory Scrapie Slaughter Surveillance		2272022	12/27/2022
Premises/R\$\$\$ Collection Si	te Information: Search			
Premises ID*:		Prem Name:		
Prem Type:		~		
Address 1*:		Address 2:		
City*:		State*:	AB V Zip*:	
Collector Information: Searc	ch i			
TSE Number*:	Validate TSE #			
First Name*:		Last Name*:		
Company Name:		Email*:		
Address 1:		Address 2:		
City:	State:			Zip:
Phone*:	-Fax:-		Alt Phone:	
Surveillance Information:				
	Species'	Sheep 🗸		
Number of M	ature Sheep Slaughtered Today			
Number of Mature S	heep Slaughtered w/ Official II	D:	Actual ~	
	ottled Sheep Slaughtered Today	y:	Actual ~	
Number of Black and M				

• VSLS Genotyping--Information obtained from VS Forms 5-29 and 5-29A or worksheet.

NAMPROVID 008 100 018 10000 018 10000000 00000000	Logout red Fields
Home Blank Worksheet Help oblection Information * Requir whatshow for event * Requir ubmission Information: * Referral # Collection Date rappe Eradication Program Collection/Test Type Referral # Collection Date rappe Eradication Program On-Farm Genotype Testing NJLAD12272022 12/27/2022 collected By: Search My Collector's History: TSE Number*:	red Fields
* Requir WARKOVED ONES 100 6159-0681 Werkoved on Farm Genotype Testing NJLAD12272022 12/27/2022 ollected By: Search My Collector's History: TSE Number*: First Name*: Company Name: Email: Address 1*: Address 2: City*: Phone*: First Name*: Last Name*: Company Name: Email: Address 2: City*: First Name*: Esignated Scrapie Epidemiologist: Search My DSE's History: First Name*: City*: Phone*: First Name*: City*: Phone*: First Name*: City*: Phone*: City*: Phone*: First Name*: City*: Phone*: First Name*: City*: City*: City*: City*: City*: City*: Company Name: City*: First Name*: City*: City*: City*: Company Name: City*: City*: City*: City*: Company Name: City*: City*: Company Name: First Name*: City*: City*: Company Name: City*: Company Name: City*: Ci	
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ock Owner: Search Flock ID: Flock State: First Name*: Last Name*: Address 1*: Address 2: Chy*: State*: County: Email: Phone: Fax: ock Information: Flock Status*: ✓ Total # of Samples*: # of Animals in Flock: Tested All Eligible Animals:	
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# of Animals in Flock: Tested All Eligible Animals: Yes V	
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ontacts: Add Contact	
No contacts entered	
	_
emarks:	
4	
Save and Continue >> Delete This Submission	
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• VSLS On-farm Surveillance—Information obtained from VS Forms 10-4, 5-29, 5-29A or from on farm worksheets.

Note: All scrapie test data entered into VSLS are migrated to SCS Scrapie. No test data are entered directly into SCS Scrapie.

User Info	Welcome to USDA Veterinary Services Laboratory Submissions! This application has been created by APHIS to ensure accurate, timely input of lab submissions
Change Password	and corresponding test results.
Action Items Create Lab Submission	Create Lab Submission
Review Lab Submissions Enter Lab Results Generate Reports	Program•(Scrapic Eradication Program v Collection Type+: On Farm Testing v Reason for Test+: Surveillance v Referral #+: NULAD12272022 Collection Date+: 12/27/2022 * Required Fields Create New Submassin Cancel
	v1.9.1
APHIS Home USDA.gov FOIA Accessibility Statement	Phyacy Policy Non-Discrimination Statement Information Quality FirstGov White House

Submission Information: Program Collection/Test Type Referral # Scrapie Eradcation Program On Farm Testing NULAD12272022 12/27/2022 Collection By: Search My Collector's History:	Collection Informa	tion			* Required Fields
Program Collection/Test Type Referral # Collection Date Scripte Eradication Program On Farm Testing NULAD1227022 12/27/2022 Collected By: Search My Collector's History: ? ? ? TSE Rumber*: Last Name*: Last Name*: // ? ? ? ?	Submission Information:				Required Fields
Collectod By: Search My Collector's History:		Collection/Test Type	Referral #	Collection Date	
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# of Animals in Flock: Tested All Eligible Animals: Y05 V Animal Status*: L/v0 Animals Y05 V ** Prese other any addamat Pick Information that you may have (.e. Section, Farm Ho., etc.) in the Remarks section below. Contacts: Add Contact Add Contact Add Contact	Flock Status*:	~ 1	fotal # of Samples*:		
Animal Status*: [Live Animal] >] *** Please enter any additional Plack Information that you may have (.e. Section, Farm No., etc.) in the Remarks section below. Contacts: Add Contact	# of Animals in Flock:			Yes Y	
Contacts: Add Contact	Animal Status*:				
	** Please enter any additional Flock I	nformation that you may have (i.e.	Section, Farm No., etc.) in th	e Remarks section below.	
	Contacts: Add Contact				
Ho contacts entered		N/	contacts entered		
			Contacta entered		
Remarks:	Remarks:				
A					

Animal Identification Management System (AIMS)

• Data entry from used by State and Federal personnel to place tag orders. Program Contact Information is auto-populated from the SCS Scrapie. Requests for tags are typically received by phone, email or letter.

United States De Animal and P	partment of Agriculture Plant Health Inspection Service	Animal Identification N Management System	umber	
		Mg	1/1/27	
User Info Linda Detwiller 0032X2A Public Tools List ID Devices Action items Validate PIN/NPV/LID Request AIN Allocation Report AIN Shipment Manage Katlonships Scrapie Program Atkins Submit AIN Events Add Official ID Numbers Other Tasks Valentistration Help Logout	Program Contact Information = " Submitter NPN: Order Status: Tag Recipient: * Flock/Person ID: * Tag State: * Let AIMS Guess Prem ID:	0032XZA New Non-SFCP Flock Maryland ♥ Verify Contact Information ♥ Min Tag ID Max Tag ID True ♥		

• Manufacturers' forms

• Order entry screen - Manufacturer enters a producer's flock, person or premises assigned in SCS Scrapie and state, the type of tag ordered (device), and order quantity. All other fields are optional. The flock owner's address information is pulled from the SCS Scrapie and cannot be changed by the manufacturer.

Animal and Plant Health Inspection Service		Management System
User Info		
Linda Detwiler 0032XZA	Success! Scrapie Customer f	ound.
Public Tools		
List ID Devices	You Are Here: AIMS / New Scraple Program Order	
Action Items	Related Actions: Find Program Orders	
Validate PIN/NPN/LID Request AIN Allocation	Need Help?	
Report AIN Shipment		
Manage Relationships Scrapie Program Actions		
New Program Order Ship Program AINs	Program Contact Information ⊟	
Submit AIN Events Add Official ID Numbers	Submitter NPN: Order Status:	0032XZA New
Other Tasks	Tag Recipient: *	SFCP Participant
	Flock/Person ID: *	NJ6220
Resource Info 👻	Tag State: *	New Jersey 🗸
Administration 👻	Let AIMS Guess Prem ID:	
Help		Verify Contact Information
Logout	Destination Information =	
	Contact Type:	MAIL1 🗸
	Contact Name:	
	Company: Address:	
	City, State, ZIP:	
	Phone:	
	Email Address:	
	National Prem ID: Program Participation:	Participating
	Program Order Information =	
	Manufacturer: *	Premier 1 Supplies 🗸
	Device: *	Q-Flex 3 Flock Pair Set
	Order Quantity: *	
	Quantity Fulfilled: Due Date:	Fa
	# of Tagging Devices:	
		Min Tag ID Max Tag ID Order Size Date
	Most Recent Order Summary:	NJ62202221 NJ62202240 20 2022-04-22
	(non 840) Sequence Start:	Thus is
	Print Flock ID: Product Color:	True V
	Product Color:	
	Remarks (255 characters max):	4
	Available Actions	
	Submit New Order	

• Information viewed by tag manufacturer when fulfilling tag orders. Recipient identification number and address are pulled from SCS Scrapie. Specific information for the tag order (tag type, number of tags, starting sequence, color, number of tagging devices, etc.) is provided by the person (State or Federal) placing the order.

Annual and the	ant Health Inspection Service Management System	
User Info Linda Detwiler 0032XZA	Success! Scrapie Customer found.	
Public Tools List ID Devices Action Items	You Are Here: AIMS / Ship Scrapic AINs Uter Kould	
Validate PIN/NPN/LID Request AIN Allocation Report AIN Shipment	Scrapie AIN Shipment Information	
Manage Relationships Scrapie Program Actions New Program Order Ship Program AINs	AIN ID Prefix:	
Submit AIN Events Add Official ID Numbers	Non-Consecutive AINs:	
Other Tasks • Resource Info • Administration • Help Logout •	Enter AINs separated by commas. Use dashes to indicate sub-ranges of consecutive AINs. For example, 840003000011450,840003000011452, 840003000011454- 840003000011459. Notes: "-" and "," are special characters, and are not allowed in the AIN ID. This application will eliminate duplicate AIN references.	
	Use the following to upload a file containing the list of AINs to be processed (the instructions listed immediately above apply to uploaded files).	
	Choose File No file chosen	
	Event Date (MM-DD- 12-27-2022	
	Source NPN: * Validate Source Number	
	Program Contact Information Tag Recipient: * SFCP Participant	
	Flock/Person ID: *	
	Tag State: * New Jersey Let AIMS Guess Prem ID: Verify Contact Information	
	Destination Information	
	Contact Type:* MAIL1 V Contact Name: Company:	
	Address: City, State, ZIP: NJ 08535 Phone:	
	Prone: Program Participation: Participating National Prem ID:	
	Available Actions	
Animal Disease Traceability +		