NONSUBSTANTIVE CHANGE REQUESTS
ICR 0579-0101
July 2024

APHIS conducted a review of three forms: 1) VS Form 5-13 Owner/Hauler Statement for Sheep and Goats, 2) VS 5-29 Cooperative State-Federal Scrapie Control Program, and 3) VS 5-29A Scrapie Test Record Continuation Sheet and requests approval for nonsubstantive changes.

The changes are the result of modifying several sections of the forms and screenshots are included display the changes.

The changes do not affect response time or burden.

1. **VS Form 5-13 changes requested (Owner/Hauler Statement for Sheep and Goats)**
    a. Section: Group Lot ID Number - Delete two lines.
    b. Section: Declaration - Changed section heading; Added 4 rows.
    c. Sections: Point of Origin and Name and Address of Destination
    Deleted "Other Contact *(optional)"* from both sections.

CURRENT

GROUP LOT ID NUMBER	
Scrapie Flock ID based group/lot ID: flock ID-MMDDYY sequence number **Example: MD123456-061216-2**	PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number **Example: 004T5670-612161-2**

FOR SHEEP/GOATS MOVING WITHOUT OFFICIAL ID
If different from the owner, the name, address, and flock ID or PIN of the flock of origin. *(not required for animals under 18 months of age in slaughter channels)*

DECLARATION				
NUMBER OF ANIMALS	**SPECIES**	**BREED** (If unknown: for sheep include face color, for goat include type; milk, meat, fiber)	**CLASS** (Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.)	**COMMENTS**

POINT OF ORIGIN *(If different then owner)*	NAME AND ADDRESS OF DESTINATION
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
PHONE	PHONE
EMAIL *(Optional)*	EMAIL *(Optional)*
OTHER CONTACT *(Optional)*	OTHER CONTACT *(Optional)*

OWNER/HAULER SIGNATURE	DATE
(I do hereby certify that the information stated above is correct and the livestock listed are properly classified.)	

FUTURE

GROUP LOT ID NUMBER	
Scrapie Flock ID based group/lot ID: flock ID-MMDDYY sequence number **Example: MD123456-061216-2**	PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number **Example: 004T5670-612161-2**

DECLARATION of number and type of sheep/goats covered by the form (attach a list if more rows are needed.)

NUMBER OF ANIMALS	SPECIES	BREED (If unknown: for sheep include face color, for goat include type; milk, meat, fiber)	CLASS (Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.)	COMMENTS

POINT OF ORIGIN *(If different then owner)*	NAME AND ADDRESS OF DESTINATION
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
PHONE	PHONE
EMAIL *(Optional)*	EMAIL *(Optional)*

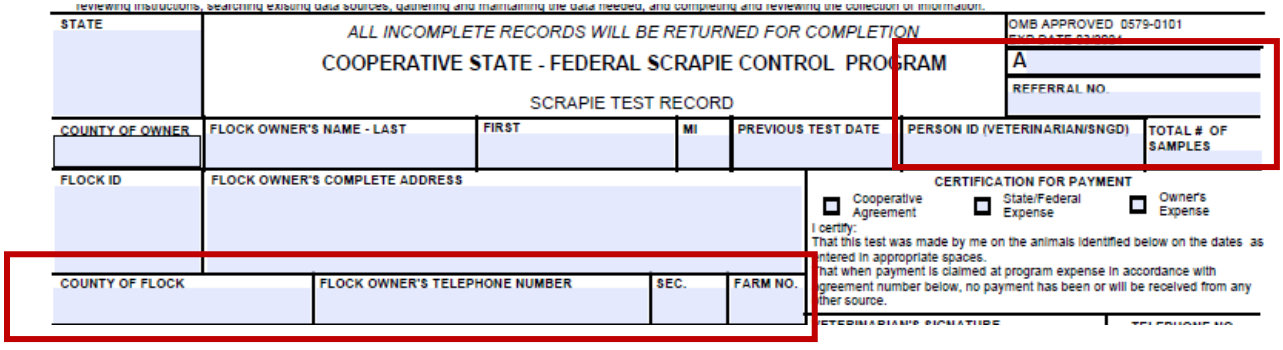
OWNER/HAULER SIGNATURE — DATE

(I do hereby certify that the information stated above is correct and the livestock listed are properly classified.)

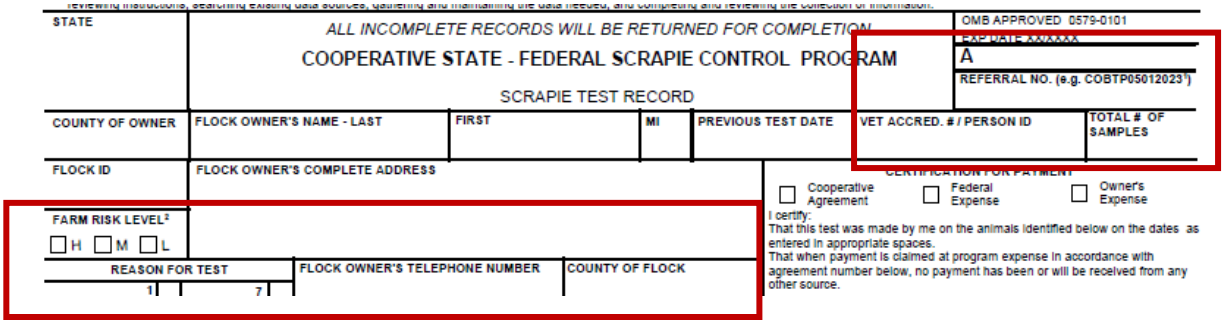
2. VS form 5-29 changes requested (Cooperative State – Federal Scrapie Control Program)

a. Change “Referral No.” to “Referral No (e.g. COBTP05012023[1])”
b. Change “Person ID (Veterinarian/SNGD)” to “VET ACCRED #/Person ID”.
c. Moved field “County of Flock”.
d. Removed fields “Sec.” and “Farm No.”

CURRENT

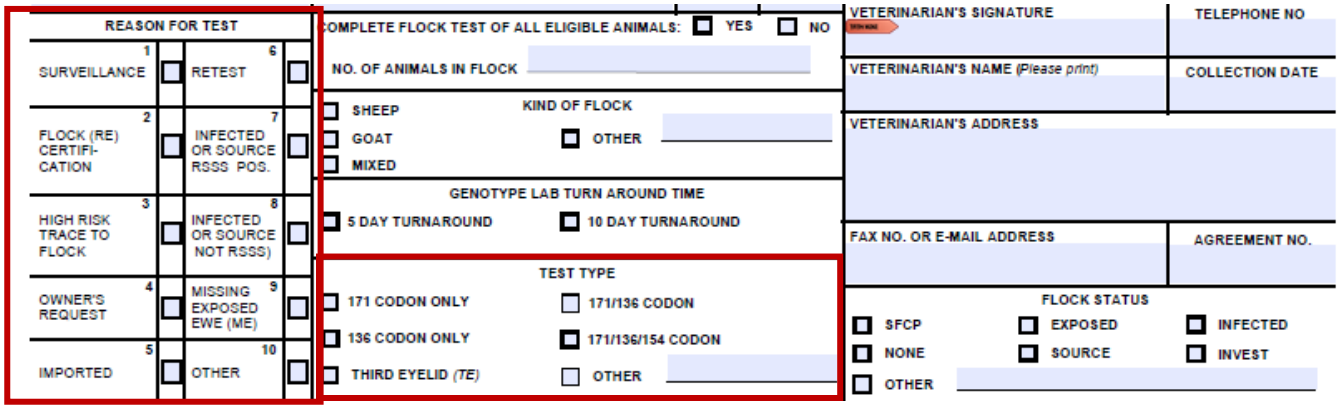


FUTURE

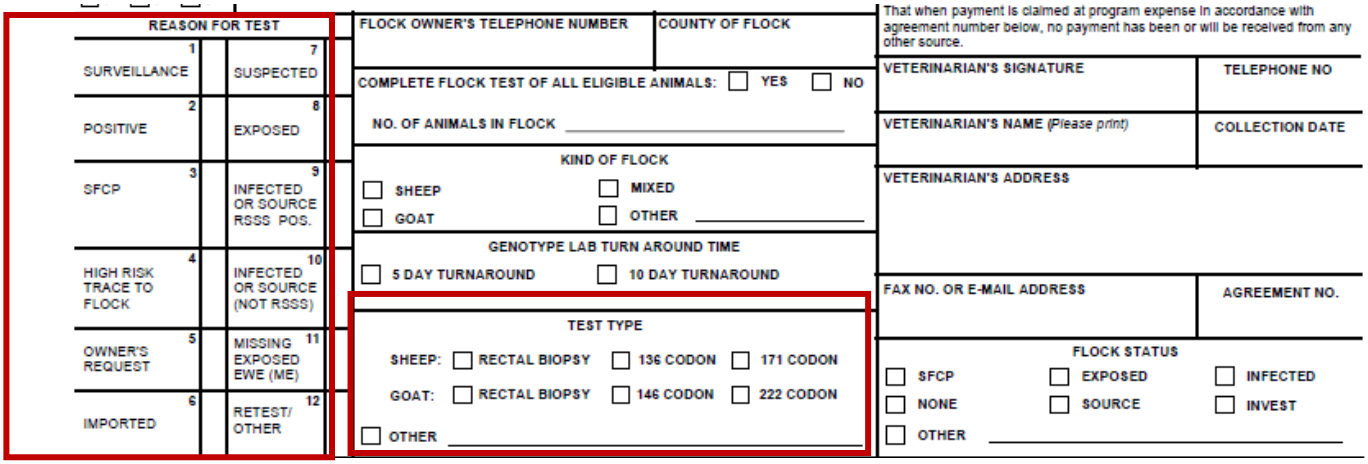


e. Reason for Test: Number of options changed from 10 to 12.
f. Test Type: Options available updated.

CURRENT



FUTURE

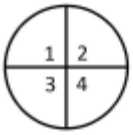
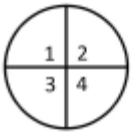
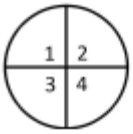
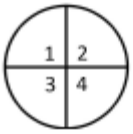


g. Changed "3rd Eyelid Info" to "Rectal Biopsy Sample Loc (circle one#)[3]".

CURRENT

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

FUTURE

Rectal Biopsy Sample Loc (circle one #)[3]





h. Removed reference about "Circle if the 3rd eyelid tissue came from…" and inserted explanation to footnotes 1, 2, and 3.

CURRENT

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

FUTURE

[1]Referral Number Format: State abbreviation, collector's initials, collection date. [2]For farms where a scrapie risk factor questionnaire was completed, check appropriate box. [3]For animals that may be sampled multiple times, e.g. SFCP or Exposed animals, circle the quadrant where the biopsy sample was collected.

3. VS form 5-29A changes requested (Scrapie Test Record Continuation Sheet)

a. Changed table heading "3rd Eyelid Info" to "Rectal Biopsy Sample Loc (circle #)1", and changed how to record information requested.

b. Instructions below table updated.

CURRENT

Designation (pos, sus, exp, me, n/a)	Age	Sex (m,f,cm)	Breed (if unkn, face	Rectal Biopsy Sample Loc (circle one #)[1]
				
				
				
				
				
				
				
				
				

[1]For animals that may be sampled multiple times, e.g. SFCP or Exposed animals, circle the quadrant number where the rectal biopsy sample was taken for each animal.

FUTURE

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
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen

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