

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

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 than 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)

- Change "Referral No." to "Referral No (e.g. COBTP05012023¹)"
- Change "Person ID (Veterinarian/SNGD)" to "VET ACCRED #/Person ID".
- Moved field "County of Flock".
- Removed fields "Sec." and "Farm No."

CURRENT

REVIEWING INSTRUMENTS, SELECTING EXISTING DATA SOURCES, OBTAINING AND MAINTAINING THE DATA NEEDED, AND COMPILING AND REVIEWING THE COMPLETION OF INFORMATION.						
STATE	ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM					OMB APPROVED 0579-0101 EXP DATE 03/2004
SCRAPIE TEST RECORD						REFERRAL NO.
COUNTY OF OWNER	FLOCK OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	PERSON ID (VETERINARIAN/SNGD)	TOTAL # OF SAMPLES
FLOCK ID	FLOCK OWNER'S COMPLETE ADDRESS				CERTIFICATION FOR PAYMENT ☐ Cooperative Agreement ☐ State/Federal Expense ☐ Owner's Expense I certify: That this test was made by me on the animals identified below on the dates as entered in appropriate spaces. That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.	
COUNTY OF FLOCK	FLOCK OWNER'S TELEPHONE NUMBER	SEC.	FARM NO.	VETERINARIAN'S SIGNATURE		

FUTURE

REVIEWING INSTRUMENTS, SELECTING EXISTING DATA SOURCES, OBTAINING AND MAINTAINING THE DATA NEEDED, AND COMPILING AND REVIEWING THE COMPLETION OF INFORMATION.						
STATE	ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM					OMB APPROVED 0579-0101 EXP DATE 03/2004
SCRAPIE TEST RECORD						REFERRAL NO. (e.g. COBTP05012023 ¹)
COUNTY OF OWNER	FLOCK OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	VET ACCRED. # / PERSON ID	TOTAL # OF SAMPLES
FLOCK ID	FLOCK OWNER'S COMPLETE ADDRESS				CERTIFICATION FOR PAYMENT ☐ Cooperative Agreement ☐ Federal Expense ☐ Owner's Expense I certify: That this test was made by me on the animals identified below on the dates as entered in appropriate spaces. That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.	
FARM RISK LEVEL ¹ ☐ H ☐ M ☐ L REASON FOR TEST 1 7		FLOCK OWNER'S TELEPHONE NUMBER	COUNTY OF FLOCK			

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

CURRENT

REASON FOR TEST			COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS: ☐ YES ☐ NO		VETERINARIAN'S SIGNATURE	TELEPHONE NO
1 SURVEILLANCE	☐	6 RETEST	☐	NO. OF ANIMALS IN FLOCK	VETERINARIAN'S NAME (Please print)	COLLECTION DATE
2 FLOCK (RE) CERTIFICATION	☐	7 INFECTED OR SOURCE RSSS POS.	☐	KIND OF FLOCK SHEEP ☐ GOAT ☐ MIXED ☐ OTHER	VETERINARIAN'S ADDRESS	
3 HIGH RISK TRACE TO FLOCK	☐	8 INFECTED OR SOURCE NOT RSSS	☐	GENOTYPE LAB TURN AROUND TIME 5 DAY TURNAROUND ☐ 10 DAY TURNAROUND ☐	FAX NO. OR E-MAIL ADDRESS	AGREEMENT NO.
4 OWNER'S REQUEST	☐	9 MISSING EXPOSED EWE (ME)	☐	TEST TYPE 171 CODON ONLY ☐ 171/136 CODON ☐ 136 CODON ONLY ☐ 171/136/154 CODON ☐ THIRD EYELID (TE) ☐ OTHER	FLOCK STATUS SFCP ☐ EXPOSED ☐ INFECTED ☐ NONE ☐ SOURCE ☐ INVEST ☐ OTHER ☐	
5 IMPORTED	☐	10 OTHER	☐			

FUTURE

REASON FOR TEST			FLOCK OWNER'S TELEPHONE NUMBER	COUNTY OF FLOCK	That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.	
1 SURVEILLANCE	☐	7 SUSPECTED	☐	COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS: ☐ YES ☐ NO	VETERINARIAN'S SIGNATURE	TELEPHONE NO
2 POSITIVE	☐	8 EXPOSED	☐	NO. OF ANIMALS IN FLOCK	VETERINARIAN'S NAME (Please print)	COLLECTION DATE
3 SFCP	☐	9 INFECTED OR SOURCE RSSS POS.	☐	KIND OF FLOCK SHEEP ☐ MIXED ☐ GOAT ☐ OTHER	VETERINARIAN'S ADDRESS	
4 HIGH RISK TRACE TO FLOCK	☐	10 INFECTED OR SOURCE (NOT RSSS)	☐	GENOTYPE LAB TURN AROUND TIME 5 DAY TURNAROUND ☐ 10 DAY TURNAROUND ☐	FAX NO. OR E-MAIL ADDRESS	AGREEMENT NO.
5 OWNER'S REQUEST	☐	11 MISSING EXPOSED EWE (ME)	☐	TEST TYPE SHEEP: ☐ RECTAL BIOPSY ☐ 136 CODON ☐ 171 CODON GOAT: ☐ RECTAL BIOPSY ☐ 146 CODON ☐ 222 CODON ☐ OTHER	FLOCK STATUS SFCP ☐ EXPOSED ☐ INFECTED ☐ NONE ☐ SOURCE ☐ INVEST ☐ OTHER ☐	
6 IMPORTED	☐	12 RETEST/ OTHER	☐			

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
1 2 3 4
1 2 3 4
1 2 3 4
1 2 3 4

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

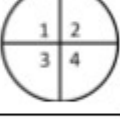
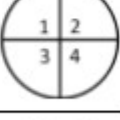
FUTURE

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

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

CURRENT

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

¹For 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

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