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<b>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES</b>	<b>SCRAPIE TEST RECORD CONTINUATION SHEET</b> Complete all entries on VS Form 5-29 before using this form.	FLOCK ID	PAGE NO. __ of __	OMB Approved 0579-0101 Exp 05/2027
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FLOCK OWNER'S NAME - LAST	FIRST	INITIAL	DATE COLLECTED	VETERINARIAN
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GdWŷa Yb`	CZŷU`-8`Bi a VYf`fjŁ	Ch Yf`-8`Bi a VYfg	8 Ygll` bUŷcb fŷcgzgi gž Yl dža Yžb#Ł	5 [ Y	GY fb zZŷ Ł	6 fYYX fŷi b_bž Zŷŷ	Rectal Biopsy Sample Loc (circle one #) <sup>1</sup>				
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**NOTE: Sample numbers on specimens must be the same as listed on this form.**

<sup>1</sup>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.

Remarks: