RED WITH ASTERICK INDICATES REQUIRED FIELD

*Owner Name (First/Last):_____

*Address:_____

*City/State/Zip code:_____

Phone Number: _____

Email:_____

*Collector's Name:_____

*Address:_____

*City/State/Zip code:_____

*Phone Number:_____

Email:_____

*Name of DSE:_____

*Address:_____

*City/State/Zip code:_____

*Phone Number:_____

Email:_____

*Collection/Sampling Date:_____

*Reason for Test: _____

*Flock ID:_____

*Flock Status :_____

*Animal Status: Live / Dead (circle one)

Number of Animals in Flock_____

*Total Number of Samples_____

Test of All Eligible Animals: Yes or No

Contact Name:_____

Address:_____

City/State/Zip code:_____

Phone Number: _____

Sample # (1 to n)	ID Value	ID Type	UPC Barcode	Species	Breed	Face Color (Sheep)	Type (Goats)	Addition Type	Sex	Age	Designation	Comments
	Record all IDs. Indicate type in next column	SFCP Flock Serial (metal/ plastic) Owner RFID Tattoo Other	Use one barcode number for each animal tested.	Sheep Goat	Refer to Breed Code List	Blk Wht Mot Red Hair Gry/brn Other	Dairy Fiber Meat Multi	Natural Purchased	F M MC NS	Mos. or Yrs. / Est. or Rec.	Positive Suspect Exposed Miss exp Less signs Non clin	Clinical signs, history, etc.

Item	Description/Comments/List of Values (LOV)
Collected by:	Person who collected samples for submission. Could be accredited veterinarian or pathologist at diagnostic lab. If unknown who collected samples, enter name of submitter, person whose name is in block 1 of the VS 10-4.
Designated Scrapie Epidemiologist	State or Federal DSE. If DSE is unknown at the time of collection, enter UNKNOWN for all required fields in this block. Information can be entered/edited when submission is created in VSLS.
Reason for Test	LOV: Exposed, High-risk trace to flock, Infected or Source RSSS positive, Imported, Missing exposed ewe, Infected or source Not RSSS, Other, Owner Request, Positive, Flock Recertification, Retest, Surveillance, Suspected, Non clinical
Flock Status	LOV: SFCP, Exposed, Infected, Source, Investigation, Other
Animal Status	Necropsy or Live
# of Animals in Flock	While not a required field, adds helpful information about the flock.
Total # of Samples	Number of samples in this submission
Tested All Eligible Animals: Yes or No	Response is based on activity or investigation. For example, if you plan to test all the animals in Pen 1 today and all the animals in Pen 2 next week, you would respond "No." In most cases, select "Yes."
Contacts	Contact information for individual other than owner or person submitting the animal (veterinarian)
Remarks	Include any additional relevant information.
Breed	Refer to breed/breed code lists
Face color: Sheep	LOV: Black, White, Mottled, Red, Hair sheep, Gray or mouse brown, Other--specify in remarks, or Not Specified
Type: Goats	LOV: Dairy, Fiber, Meat, or Multipurpose
Addition Type	Natual addition or purchased
Sex	LOV: Male, Female, Male Castrated and Not Specified
Age	Write down actual (recorded) age or estimated in months or years
Designation	Postive, Suspect, Exposed, Missing ewe, no designation – less specific signs, no designation – non-clinical
Comments	Clinical signs, history, or any other relevant information