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OMB Approved
0579-0040, -0090, -0101,
0579-0146, -0189, -0485,
and -0494

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
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SPECIMEN SUBMISSION

PAGE
OF

INSTRUCTIONS: Use a separate form for each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER INFORMATION		2. OWNER INFORMATION		3. LOCATION OF ANIMALS	
NAME (Including Business Name)		WILDLIFE <input type="checkbox"/> YES <input type="checkbox"/> NO		COUNTY & STATE or COUNTRY	
EMAIL ADDRESS (For results reports and bill)		OWNER NAME		PREMISES ID	
MAILING ADDRESS (Street, City, State, ZIP Code)	PHONE NUMBER	OWNER CITY		4. HERD/FLOCK INFORMATION TOTAL NUMBER NUMBER SICK NUMBER DEAD	
	FAX NUMBER	STATE/COUNTRY			

5. PAYMENT METHOD (Check one, enter needed information) <input type="checkbox"/> User Fee Account <input type="checkbox"/> Credit Card (Incl. number, expiration date) <input type="checkbox"/> Check/Money Order (Enclosed, payable to USDA in U.S. dollars)			6. REFERRAL NUMBER		
7. PURPOSE OF SUBMISSION ("X" ONLY one. See instructions for definitions) <input type="checkbox"/> Sick Animal <input type="checkbox"/> Animal Import/Export <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> Pre-Import to U.S. <input type="checkbox"/> Agent Characterization <input type="checkbox"/> Confirmation <input type="checkbox"/> Animal Product Import/Export <input type="checkbox"/> Research <input type="checkbox"/> Environmental Monitoring <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Healthy Animal (Not otherwise specified)			8. FAD INVESTIGATION NUMBER		
			9. COUNTRY OF ORIGIN		
			10. COUNTRY OF DESTINATION		

11. SPECIES OR SOURCE OF SAMPLES ("X" all applicable items) <input type="checkbox"/> Cattle <input type="checkbox"/> Horse <input type="checkbox"/> Chicken <input type="checkbox"/> Environment <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Turkey <input type="checkbox"/> Reagent <input type="checkbox"/> Goat <input type="checkbox"/> Elk <input type="checkbox"/> Other bird (Specify) <input type="checkbox"/> Isolate <input type="checkbox"/> Swine <input type="checkbox"/> Bison <input type="checkbox"/> Fish (Specify) <input type="checkbox"/> Elephant <input type="checkbox"/> Deer (Specify) <input type="checkbox"/> Crustacean (Specify)					12. COLLECTED BY
					13. DATE COLLECTED
					14. TOTAL NUMBER OF SAMPLES SUBMITTED
					15. NUMBER OF ANIMALS SAMPLED

16. SAMPLE TYPES SUBMITTED ("X" all applicable items) <input type="checkbox"/> Blood <input type="checkbox"/> Swab (Specify) <input type="checkbox"/> Tissue (Specify) <input type="checkbox"/> Feces <input type="checkbox"/> Culture <input type="checkbox"/> Soil <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Serum <input type="checkbox"/> Semen <input type="checkbox"/> Fetus <input type="checkbox"/> Milk <input type="checkbox"/> Parasite <input type="checkbox"/> Plant <input type="checkbox"/> DNA/RNA <input type="checkbox"/> Urine <input type="checkbox"/> Whole Animal <input type="checkbox"/> Water <input type="checkbox"/> Trunk Wash <input type="checkbox"/> Feed						
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17. EXAMINATIONS REQUESTED				18. SHIPPING PRESERVATION <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input type="checkbox"/> Other (Specify) <input type="checkbox"/> None	
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19. IDENTIFICATION (See instructions <250 samples per form)					IDENTIFICATION				
Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex

20. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets, if necessary).

21. SIGNATURE OF SUBMITTER AND DATE				NVSL USE ONLY	
NVSL USE ONLY					
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY		

VS FORM 10-4 INSTRUCTIONS

Submitters are encouraged to utilize the electronic submission portal available here:

If using the paper form, ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

1. SUBMITTER CONTACT INFORMATION “REQUIRED”

Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which APHIS can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of results. Repeat submitters are encouraged to be consistent with the submitter contact information that is provided, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

2. OWNER INFORMATION “REQUIRED”

Check yes for wildlife only if free ranging and there is no owner. All other animals, enter the complete name of the owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian.

3. LOCATION OF THE ANIMALS “REQUIRED”

Specify the county, parish, or other designated location of the animals and the two-letter State abbreviation. Include the premises ID if available.

4. HERD/FLOCK INFORMATION: Enter the total number of animals in the herd/flock. Enter the total number of animals showing clinical signs. Enter the total number of animals from this herd/flock that are dead.

5. PAYMENT METHOD “REQUIRED FOR BILLABLE CASES”

Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at www.aphis.usda.gov/animal_health/lab_info_services/diagnos_tests.shtml, for specific test fees and a list of accepted credit cards. **DO NOT SEND CASH.**

6. REFERRAL NUMBER

This number is typically assigned by the submitter and is used for the submitter's own reference.

7. PURPOSE OF SUBMISSION “REQUIRED”

Definitions of Diagnostic Case Categories are as follows:

Sick Animal – Tests conducted when animals have clinical signs of a disease.

FAD/EP – Foreign animal disease / emergency programs. Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, contact the state animal health official (SAHO) to obtain an FAD investigation number which is required for FAD/EP submissions.

Confirmation – Tests conducted on samples following non-negative, suspicious, or inconclusive test results.

Environmental Monitoring – Tests conducted on samples from the animal's environment and not from the animal itself.

Import/Export – Import: Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center. Export: Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.

Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.

Animal Product Import/Export – Tests conducted on the animal for purposes of qualifying their germplasm or other product for import into or export from the US.

Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.

Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.

Agent Characterization – Tests conducted to characterize an isolated microorganism that is not part of program disease confirmation.

Research – Tests conducted for the purpose of supporting a research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.

Healthy Animal – Tests conducted on animals with no clinical signs as part of a surveillance program.

8. FAD INVESTIGATION NUMBER

Enter the number provided by the SAHO for authorization to submit samples. Required for FAD/EP submissions.

9. COUNTRY OF ORIGIN

For import/export or pre-import cases, enter the country in which the animals will be coming from or have originated.

10. COUNTRY OF DESTINATION

For import/export or pre-import cases, enter the country in which the animals will be or have shipped.

11. SPECIES OR SOURCE OF SAMPLES “REQUIRED”

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

12. COLLECTED BY

Enter the complete name of the person collecting the specimen(s).

13. DATE COLLECTED

Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

14. TOTAL NUMBER OF SPECIMENS SUBMITTED

Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

15. NUMBER OF ANIMALS SAMPLED

Enter the total number of animals sampled.

16. SAMPLE TYPES SUBMITTED “REQUIRED”

Check all blocks that apply. Be sure specimens are clearly labeled with the sample type if multiple sample types are submitted.

17. EXAMINATIONS REQUESTED “REQUIRED”

For disease programs, it is necessary only to enter the program name (e.g., CWD, Scrapie, or BSE). If the submission is not for a disease program, specify the disease and the desired tests.

18. PRESERVATION

Check all blocks that apply.

19. IDENTIFICATION “REQUIRED”

Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**

Animal ID – Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal identification number, record the most appropriate identification number (or name).

NOTE: Laboratory results will be reported by animal identification number.

Breed – Enter the animal breed (e.g., Holstein, Angus).

Age – Indicate the approximate age in years (y), months (m), weeks (w), or days (d).

Sex – Indicate the sex, male (M) or female (F), for each animal.

22. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (e.g., lymph nodes, obex, brain).
- Specify clinical signs (e.g., weight loss, hair missing).
- If meat is being retained pending specimen results, enter **RETAINED**.
- Add related case submission numbers to assist in trace activities.
- Include any information that did not fit into its designated space
- Include any special (non-standard) instructions for test report delivery.

23. SIGNATURE OF SUBMITTER AND DATE

The individual submitting the specimen(s) must sign and date the form