

<b>STATE</b>	<b>ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION</b>					OMB Approved 0579-0101 Exp 05/2027
<b>COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM</b>						<b>A</b>
<b>SCRAPIE TEST RECORD</b>						REFERRAL NO. (e.g. COBTP05012023 <sup>1</sup> )

<b>COUNTY OF OWNER</b>	<b>FLOCK OWNER'S NAME - LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>PREVIOUS TEST DATE</b>	<b>VET ACCRED. # / PERSON ID</b>	<b>TOTAL # OF SAMPLES</b>
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<b>FLOCK ID</b>	<b>FLOCK OWNER'S COMPLETE ADDRESS</b>	<b>CERTIFICATION FOR PAYMENT</b> <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Federal Expense <input type="checkbox"/> 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.
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<b>REASON FOR TEST</b>	<b>FLOCK OWNER'S TELEPHONE NUMBER</b>	<b>COUNTY OF FLOCK</b>
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1 SURVEILLANCE	7 SUSPECTED	<b>COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>VETERINARIAN'S SIGNATURE</b>	<b>TELEPHONE NO</b>
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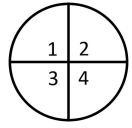
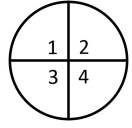
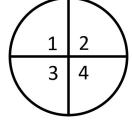
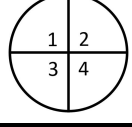
2 POSITIVE	8 EXPOSED	<b>NO. OF ANIMALS IN FLOCK</b> _____	<b>VETERINARIAN'S NAME (Please print)</b>	<b>COLLECTION DATE</b>
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3 SFCP	9 INFECTED OR SOURCE RSSS POS.	<b>KIND OF FLOCK</b> <input type="checkbox"/> SHEEP <input type="checkbox"/> MIXED <input type="checkbox"/> GOAT <input type="checkbox"/> OTHER _____	<b>VETERINARIAN'S ADDRESS</b>	
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4 HIGH RISK TRACE TO FLOCK	10 INFECTED OR SOURCE NOT RSSS	<b>GENOTYPE LAB TURN AROUND TIME</b> <input type="checkbox"/> 5 DAY TURNAROUND <input type="checkbox"/> 10 DAY TURNAROUND	<b>FAX NO. OR E-MAIL ADDRESS</b>	<b>AGREEMENT NO.</b>
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5 OWNER'S REQUEST	11 MISSING EXPOSED EWE (ME)	<b>TEST TYPE</b> SHEEP: <input type="checkbox"/> RECTAL BIOPSY <input type="checkbox"/> 136 CODON <input type="checkbox"/> 171 CODON GOAT: <input type="checkbox"/> RECTAL BIOPSY <input type="checkbox"/> 146 CODON <input type="checkbox"/> 222 CODON <input type="checkbox"/> OTHER _____	<b>FLOCK STATUS</b> <input type="checkbox"/> SFCP <input type="checkbox"/> EXPOSED <input type="checkbox"/> INFECTED <input type="checkbox"/> NONE <input type="checkbox"/> SOURCE <input type="checkbox"/> INVEST <input type="checkbox"/> OTHER _____	
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6 IMPORT/EXPORT	12 RETEST/OTHER	<input type="checkbox"/> OTHER _____			
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Specimen #	Official ID Number(s)	Other ID Numbers	Designation pos, sus, exp, me, n/a	Age	Sex (m,f,cm)	Breed (if unkn, face)	Rectal Biopsy Sample Loc (Type one #) <sup>3</sup>
							
							
							
							

**NOTE:** Sample numbers on specimens must be the same as listed on this form.

<sup>1</sup> Referral Number Format: State abbreviation, collector's initials, collection date.  
<sup>2</sup> For farms where a scrapie risk factor questionnaire was completed, check appropriate box.  
<sup>3</sup> For animals that may be sampled multiple times, e.g. ,SFCP or Exposed animals, type the quadrant number in the space next to the diagram.

<b>DSE/VMO Name:</b>	<b>Remarks:</b>
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<b>Address:</b>	<b>Remarks:</b>
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<b>Phone Number:</b>	<b>DATE</b>	<b>OWNER'S SIGNATURE:</b>
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**Fax Number:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

I hereby acknowledge receiving a copy of this record which I have examined and find correct.