According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0101. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

STATE		ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION  OMB Approved 0579-0101 Exp 05/2027												
		COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM A												
		SCRAPIE				)				REFER	RAL NO. (e	e.g. COBTP05012023 <sup>1</sup> )		
COUNTY OF OWNER FLOCK OWNER'		R'S NAME - LAST	NAME - LAST FIRST		МІ	PREVIOUS TEST		DATE	VET ACCRE	D. # / PERS	ON ID	TOTAL # OF SAMPLES		
FLOCK ID	FLOCK OWNER'S COMPLETE ADDRESS										CATION FOR PAYMENT			
					Cooperative Federal Agreement Expense						Owner's Expense			
FARM RISK LEVEL <sup>2</sup>					1.				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					
	FOR TEST	FLOCK OWNER'S TELEP	OCK OWNER'S TELEPHONE NUMBER COUNTY OF FLOCK				exper	nse in acco		greement nu		, no payment has been		
1 7		1						,						
SURVEILLANCE	SUSPECTED	COMPLETE FLOCK TEST	ANIMALS:	MALS: YES NO			ERINARIA	N'S SIGNATU	KE		TELEPHONE NO			
POSITIVE 2	8 EXPOSED	NO. OF ANIMALS IN FL					VETERINARIAN'S NAME (Please print)				COLLECTION DATE			
3	9		СК				DINADIA	N'S ADDRES	•					
SFCP	INFECTED OR SOURCE	OR SOURCE			•				ETERINARIAN'S ADDRESS					
	RSSS POS.	GENOTYPE LAB TURN AROUND TIME					-							
HIGH RISK TRACE TO OR SOURCE FLOCK NOT RSSS)		GENOTIFE LAB TORN AROUND TIME  5 DAY TURNAROUND 10 DAY TURNAROUND												
							FAX NO. OR E-MAIL ADDRESS					AGREEMENT NO.		
5	MISSING 11	TEST TYPE												
OWNER'S REQUEST	EXPOSED EWE (ME)	SHEEP: RECTA	36 CODON	CODON 171 CODON			SFCP		FLOCK ST		INFECTED			
6	12	GOAT: RECTA	L BIOPSY 14	BIOPSY 146 CODON		222 CODON		NONE	SOURCE			☐ INVEST		
IMPORT/ RETEST/ OTHER		OTHER						OTHER						
				211 12 11				Designati		Sex	Breed	Rectal Biopsy		
Specimen #		Official ID Number(s)			Other ID Numbe			pos, sus xp, me, r		(m,f,cm)	(if unkn, face)	Sample Loc (Type one #) <sup>3</sup>		
												1 2 3 4		
												1 2 3 4		
												1 2 3 4		
												1 2 3 4		
NOTE: Sample numbers on specimens must be the same as listed on this form.				n. <sup>2</sup> For far	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 provided the transfer of the complete description of the complete description.									
DSE/VMO Name:					<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.									
Address:					Remarks:									
Phone Number:			DATE		OWNER'S	SIGNA	SIGNATURE:							
Fax Number:														
E-Mail:				I he	reby ack	nowledge re	ceiving	g a copy o	f this record	which I hav	e examined	and find correct.		