

STATE		ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM						OMB Approved 0579-0101 Exp 05/2027		
		SCRAPIE TEST RECORD						A REFERRAL NO. (e.g. COBTP05012023 ¹)		
COUNTY OF OWNER	FLOCK OWNER'S NAME - LAST		FIRST		MI	PREVIOUS TEST DATE	VET ACCRED. # / PERSON ID		TOTAL # OF SAMPLES	
FLOCK ID	FLOCK OWNER'S COMPLETE ADDRESS					CERTIFICATION FOR PAYMENT <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.				
FARM RISK LEVEL ² <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L		REASON FOR TEST		FLOCK OWNER'S TELEPHONE NUMBER		COUNTY OF FLOCK		VETERINARIAN'S SIGNATURE		
1 SURVEILLANCE		7 SUSPECTED		COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS: <input type="checkbox"/> YES <input type="checkbox"/> NO		VETERINARIAN'S NAME (Please print)		TELEPHONE NO		
2 POSITIVE		8 EXPOSED		NO. OF ANIMALS IN FLOCK _____		VETERINARIAN'S ADDRESS		COLLECTION DATE		
3 SFCP		9 INFECTED OR SOURCE RSSS POS.		KIND OF FLOCK <input type="checkbox"/> SHEEP <input type="checkbox"/> MIXED <input type="checkbox"/> GOAT <input type="checkbox"/> OTHER _____		FAX NO. OR E-MAIL ADDRESS		AGREEMENT NO.		
4 HIGH RISK TRACE TO FLOCK		10 INFECTED OR SOURCE NOT RSSS		GENOTYPE LAB TURN AROUND TIME <input type="checkbox"/> 5 DAY TURNAROUND <input type="checkbox"/> 10 DAY TURNAROUND		FLOCK STATUS <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 _____				
5 OWNER'S REQUEST		11 MISSING EXPOSED EWE (ME)		TEST TYPE 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 _____						
6 IMPORT/EXPORT		12 RETEST/OTHER								
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 #) ³
NOTE: Sample numbers on specimens must be the same as listed on this form.						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 animals that may be sampled multiple times, e.g. ,SFCP or Exposed animals, type the quadrant number in the space next to the diagram.				
DSE/VMO Name:						Remarks:				
Address:						DATE OWNER'S SIGNATURE:				
Phone Number:						I hereby acknowledge receiving a copy of this record which I have examined and find correct.				
Fax Number:										
E-Mail:										