

<b>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES</b>	<b>SCRAPIE TEST RECORD CONTINUATION SHEET</b>  <b>Complete all entries on VS Form 5-29 before using this form.</b>	FLOCK ID	PAGE NO.  of	OMB Approved 0579-0101 Exp 05/2027
FLOCK OWNER'S NAME – LAST		FIRST	INITIAL	DATE COLLECTED
		VETERINARIAN		

Specimen #	Official ID Numbers (s)	Other ID Numbers	Designation (pos, sus, exp, me, n/a)	Age	Sex (m, f, cm)	Breed (If unk, n, face)	Rectal Biopsy Sample Loc (Type one #) <sup>1</sup>
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Note: Sample numbers on specimens must be the same as listed on this form.

<sup>1</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.

Remarks: