			ON-FARM WO	ORKSHEET			Page 1	of				
(2)	*Owner Name (First/Last): *Address:*City/State/Zip code: Phone Number: Email:*Collection/Sampling Date:*Reason for Test: *Flock ID:			*Collector's Name:  *Address:  *City/State/Zip code:  *Phone Number:  Email:  *Animal Status: Live / Dead (circle one)  Number of Animals in Flock  *Total Number of Samples						*Name of DSE:  *Address:  *City/State/Zip code:  *Phone Number:  Email:  Contact Name:  Address:  City/State/Zip code:		
<u>Z</u>	*Flock Status :			Test of All Eligible Animals: Yes or No						Phone Number:		
	ID Value	ID Type	UPC Barcode	Species	Breed	Face Color (Sheep)	Type (Goats)	Addition Type	Sex	Age	Designation	Comments
Sample # (1 to n)	Record all IDs. Indicate type in next column	SFCP Flock Serial (metal/ plastic) Owner RFID Tattoo Other	Use one barcode number for each animal tested.	Sheep Goat	Refer to Breed Code List	Red Hair		Natural Purchased	F M MC NS	Est. or Rec.	Positive Suspect Exposed Miss exp Less signs Non clin	Clinical signs, history, etc.

Item	Description/Comments/List of Values (LOV)						
Collected by:	Person who collected samples for submission. Could be accredited veterinarian or pathologist at diagnostic lab. If unknown who collected samples, enter name of submitter, person whose name is in block 1 of the VS 10-4.						
Designated Scrapie Epidemiologist	State or Federal DSE. If DSE is unknown at the time of collection, enter UNKNOWN for all required fields in this block. Information can be entered/edited when submission is created in VSLS.						
Reason for Test	LOV: Exposed, High-risk trace to flock, Infected or Source RSSS positive, Imported, Missing exposed ewe, Infected or source Not RSSS, Other, Owner Request, Positive, Flock Recertification, Retest, Surveillance, Suspected, Non clinical						
Flock Status	LOV: SFCP, Exposed, Infected, Source, Investigation, Other						
Animal Status	Necropsy or Live						
# of Animals in Flock	While not a required field, adds helpful information about the flock.						
Total # of Samples	Number of samples in this submission						
Tested All Eligible Animals: Yes or No	Response is based on activity or investigation. For example, if you plan to test all the animals in Pen 1 today and all the animals in Pen 2 next week, you would respond "No." In most cases, select "Yes."						
Contacts	Contact information for individual other than owner or person submitting the animal (veterinarian)						
Remarks	Include any additional relevant information.						
Breed	Refer to breed/breed code lists						
Face color: Sheep	LOV: Black, White, Mottled, Red, Hair sheep, Gray or mouse brown, Otherspecify in remarks, or Not Specified						
Type: Goats	LOV: Dairy, Fiber, Meat, or Multipurpose						
Addition Type	Natual addition or purchased						
Sex	LOV: Male, Female, Male Castrated and Not Specified						
Age	Write down actual (recorded) age or estimated in months or years						
Designation	Postive, Suspect, Exposed, Missing ewe, no designation – less specific signs, no designation – non-clinical						
Comments	Clinical signs, history, or any other relevant information						