

NONSUBSTANTIVE CHANGE REQUESTS
ICR 0579-0101
July 2024

APHIS conducted a review of three forms: 1) VS Form 5-13 Owner/Hauler Statement for Sheep and Goats, 2) VS 5-29 Cooperative State-Federal Scrapie Control Program, and 3) VS 5-29A Scrapie Test Record Continuation Sheet and requests approval for nonsubstantive changes.

The changes are the result of modifying several sections of the forms and screenshots are included display the changes.

The changes do not affect response time or burden.

1. VS Form 5-13 changes requested (Owner/Hauler Statement for Sheep and Goats)

- a. Section: Group Lot ID Number - Delete two lines.
- b. Section: Declaration - Changed section heading; Added 4 rows.
- c. Sections: Point of Origin and Name and Address of Destination Deleted "Other Contact (optional)" from both sections.

CURRENT

GROUP LOT ID NUMBER					
Scrapie Flock ID based group/lot ID: flock ID-MMDDYY sequence number Example: MD123456-061216-2			PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number Example: 004T5670-612161-2		
FOR SHEEP/GOATS MOVING WITHOUT OFFICIAL ID If different from the owner, the name, address, and flock ID or PIN of the flock of origin. (not required for animals under 18 months of age in slaughter channels)					
DECLARATION					
NUMBER OF ANIMALS	SPECIES	BREED (If unknown: for sheep include face color, for goat include type; milk, meat, fiber)	CLASS (Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.)	COMMENTS	
POINT OF ORIGIN (If different then owner)			NAME AND ADDRESS OF DESTINATION		
NAME			NAME		
ADDRESS			ADDRESS		
CITY/STATE/ZIP CODE			CITY/STATE/ZIP CODE		
PHONE			PHONE		
EMAIL (Optional)			EMAIL (Optional)		
OTHER CONTACT (Optional)			OTHER CONTACT (Optional)		
OWNER/Hauler SIGNATURE				DATE	
(I do hereby certify that the information stated above is correct and the livestock listed are properly classified.)					

FUTURE

GROUP LOT ID NUMBER				
Scrapie Flock ID based group/lot ID: flock ID-MMDDYY sequence number Example: MD123456-061216-2			PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number Example: 004T5670-612161-2	
DECLARATION of number and type of sheep/goats covered by the form (attach a list if more rows are needed.)				
NUMBER OF ANIMALS	SPECIES	BREED (If unknown: for sheep include face color, for goat include type; milk, meat, fiber)	CLASS (Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.)	COMMENTS
POINT OF ORIGIN (If different than owner)			NAME AND ADDRESS OF DESTINATION	
NAME			NAME	
ADDRESS			ADDRESS	
CITY/STATE/ZIP CODE			CITY/STATE/ZIP CODE	
PHONE			PHONE	
EMAIL (Optional)			EMAIL (Optional)	
OWNER/HULER SIGNATURE				DATE
<i>(I do hereby certify that the information stated above is correct and the livestock listed are properly classified.)</i>				

2. VS form 5-29 changes requested (Cooperative State - Federal Scrapie Control Program)

- Change "Referral No." to "Referral No (e.g. COBTP05012023¹)"
- Change "Person ID (Veterinarian/SNGD)" to "VET ACCRED #/Person ID".
- Moved field "County of Flock".
- Removed fields "Sec." and "Farm No."

CURRENT

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION							
STATE	COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM						OMB APPROVED 0579-0101 EXP DATE 03/2004
SCRAPIE TEST RECORD							
COUNTY OF OWNER	FLOCK OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	PERSON ID (VETERINARIAN/SNGD)	TOTAL # OF SAMPLES	REFERRAL NO.
FLOCK ID	FLOCK OWNER'S COMPLETE ADDRESS				CERTIFICATION FOR PAYMENT <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> State/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.		
COUNTY OF FLOCK	FLOCK OWNER'S TELEPHONE NUMBER	SEC.	FARM NO.	VETERINARIAN'S SIGNATURE			

FUTURE

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION							
STATE	COOPERATIVE STATE - FEDERAL SCRAPIE CONTROL PROGRAM						OMB APPROVED 0579-0101 EXP DATE 03/2004
SCRAPIE TEST RECORD							
COUNTY OF OWNER	FLOCK OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	VET ACCRED. # / PERSON ID	TOTAL # OF SAMPLES	REFERRAL NO. (e.g. COBTP05012023)
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		
1		7					

- e. Reason for Test: Number of options changed from 10 to 12.
- f. Test Type: Options available updated.

CURRENT

REASON FOR TEST		COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS: <input type="checkbox"/> YES <input type="checkbox"/> NO		VETERINARIAN'S SIGNATURE	TELEPHONE NO
1 SURVEILLANCE	6 RETEST	NO. OF ANIMALS IN FLOCK _____		VETERINARIAN'S NAME (Please print)	COLLECTION DATE
2 FLOCK (RE) CERTIFICATION	7 INFECTED OR SOURCE RSSS POS.	KIND OF FLOCK <input type="checkbox"/> SHEEP <input type="checkbox"/> MIXED <input type="checkbox"/> GOAT <input type="checkbox"/> OTHER _____		VETERINARIAN'S ADDRESS	
3 HIGH RISK TRACE TO FLOCK	8 INFECTED OR SOURCE NOT RSSS	GENOTYPE LAB TURN AROUND TIME <input type="checkbox"/> 5 DAY TURNAROUND <input type="checkbox"/> 10 DAY TURNAROUND		FAX NO. OR E-MAIL ADDRESS	AGREEMENT NO.
4 OWNER'S REQUEST	9 MISSING EXPOSED EWE (ME)	TEST TYPE <input type="checkbox"/> 171 CODON ONLY <input type="checkbox"/> 171/136 CODON <input type="checkbox"/> 136 CODON ONLY <input type="checkbox"/> 171/136/154 CODON <input type="checkbox"/> THIRD EYELID (TE) <input type="checkbox"/> OTHER _____		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 IMPORTED	10 OTHER				

FUTURE

REASON FOR TEST		FLOCK OWNER'S TELEPHONE NUMBER	COUNTY OF FLOCK	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.	
1 SURVEILLANCE	7 SUSPECTED	COMPLETE FLOCK TEST OF ALL ELIGIBLE ANIMALS: <input type="checkbox"/> YES <input type="checkbox"/> NO		VETERINARIAN'S SIGNATURE	TELEPHONE NO
2 POSITIVE	8 EXPOSED	NO. OF ANIMALS IN FLOCK _____		VETERINARIAN'S NAME (Please print)	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 _____		VETERINARIAN'S ADDRESS	
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		FAX NO. OR E-MAIL ADDRESS	AGREEMENT NO.
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 _____		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 _____	
6 IMPORTED	12 RETEST/ OTHER				

g. Changed “3rd Eyelid Info” to “Rectal Biopsy Sample Loc (circle one#)³”.

CURRENT

3rd Eyelid Info		
L	R	Seen Unseen
L	R	Seen Unseen
L	R	Seen Unseen
L	R	Seen Unseen
L	R	Seen Unseen
L	R	Seen Unseen
L	R	Seen Unseen
L	R	Seen Unseen

FUTURE

Rectal Biopsy Sample Loc (circle one #) ³

h. Removed reference about “Circle if the 3rd eyelid tissue came from...” and inserted explanation to footnotes 1, 2, and 3.

CURRENT

Circle if the 3rd eyelid tissue came from the Left or Right eye Circle if the lymphoid tissue was Seen or Unseen

FUTURE

¹ Referral Number Format: State abbreviation, collector’s initials, collection date. ² For fams 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, circle the quadrant where the biopsy sample was collected.

3. VS form 5-29A changes requested (Scrapie Test Record Continuation Sheet)

- a. Changed table heading "3rd Eyelid Info" to "Rectal Biopsy Sample Loc (circle #)1", and changed how to record information requested.
- b. Instructions below table updated.

CURRENT

Designation (pos, sus, exp, me, n/a)	Age	Sex (m,f,cm)	Breed (if unkn, face)	Rectal Biopsy Sample Loc (circle one #) ¹

¹For animals that may be sampled multiple times, e.g. SFCP or Exposed animals, circle the quadrant number where the rectal biopsy sample was taken for each animal.

FUTURE

Designation (pos, sus, exp, me, n/a)	Age	Sex (f,m,cm)	Breed (if unknown, face color)	3rd Eyelid Info		
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen
				L	R	Seen Unseen

Circle if the 3rd eyelid tissue came from the Left or Right eye. Circle if the lymphoid tissue was Seen or Unseen