

<b>USDA- APHIS- Wildlife Services Feral Swine Disease Surveillance Datasheet - FY2010</b>			<b>Page</b> _____ <b>of</b> _____
<b>Wildlife Services Information:</b>		<b>Referral Number:</b>	
Collector Name: _____		_____ / _____ / _____ state initials month day year	
Phone: _____		_____ / _____ / _____ mm dd yyyy	
GPS Location: N _____ (DD, WGS-84) W- _____		Collection Site: _____ County: _____ State: _____	

<b>1</b>	<b>Subject ID:</b> Barcode  _____ state initials number	<b>CSF</b> Barcode	<b>FMD</b> Oral Swab Barcode	<b>FMD</b> Nasal Swab Barcode
	<b>Age Class:</b> Juvenile / Sub-adult / Adult	<b>CSF Diagnostic Lab:</b> FADDL or _____	<b>FMD Diagnostic Lab:</b> (Circle one) CA - CAHFSL / KS - KSVDL / TX - TVMDL / NC - RADDL	
	<b>Gender:</b> Male / Female	<b>Date Shipped:</b> ____/____/____	<b>Date Shipped:</b> ____/____/____	
	<b>PRV</b> Barcode Serum only	<b>SB</b> Barcode Serum only	<b>Archive</b> Barcode Serum only	<b># of Archive Vials:</b>  <b>Date Shipped:</b> ____/____/____

<b>2</b>	<b>Subject ID:</b> Barcode  _____ state initials number	<b>CSF</b> Barcode	<b>FMD</b> Oral Swab Barcode	<b>FMD</b> Nasal Swab Barcode
	<b>Age Class:</b> Juvenile / Sub-adult / Adult	<b>CSF Diagnostic Lab:</b> FADDL or _____	<b>FMD Diagnostic Lab:</b> (Circle one) CA - CAHFSL / KS - KSVDL / TX - TVMDL / NC - RADDL	
	<b>Gender:</b> Male / Female	<b>Date Shipped:</b> ____/____/____	<b>Date Shipped:</b> ____/____/____	
	<b>PRV</b> Barcode Serum only	<b>SB</b> Barcode Serum only	<b>Archive</b> Barcode Serum only	<b># of Archive Vials:</b>  <b>Date Shipped:</b> ____/____/____

<b>3</b>	<b>Subject ID:</b> Barcode  _____ state initials number	<b>CSF</b> Barcode	<b>FMD</b> Oral Swab Barcode	<b>FMD</b> Nasal Swab Barcode
	<b>Age Class:</b> Juvenile / Sub-adult / Adult	<b>CSF Diagnostic Lab:</b> FADDL or _____	<b>FMD Diagnostic Lab:</b> (Circle one) CA - CAHFSL / KS - KSVDL / TX - TVMDL / NC - RADDL	
	<b>Gender:</b> Male / Female	<b>Date Shipped:</b> ____/____/____	<b>Date Shipped:</b> ____/____/____	
	<b>PRV</b> Barcode Serum only	<b>SB</b> Barcode Serum only	<b>Archive</b> Barcode Serum only	<b># of Archive Vials:</b>  <b>Date Shipped:</b> ____/____/____

**Check here if submitter info is same as collector**

Submitter Name: \_\_\_\_\_ Number of Feral Swine in Referral: \_\_\_\_\_

Phone: \_\_\_\_\_ CSF Storage Condition Prior to Shipping: Refrigerated / Frozen

(Please fax all feral swine datasheets to NWDP: 970-266-6215 or scan and email to nwdpdata@aphis.usda.gov)