



United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

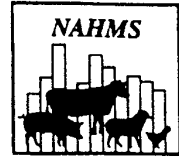
Veterinary  
Services

Form Approved  
O.M.B. Number 0579-0079  
Approval Expires 09/30/99

National Animal  
Health Monitoring  
System

555 South Howes,  
Suite 200

Fort Collins, CO  
80521



## Beef '97 BLOOD COLLECTION Clinical Evaluation Record

<b>State:</b>	<b>Operation #:</b>	<b>Kit #:</b>	<b>VMO Initials:</b>	<b>Date:</b> / / (mm/dd/yy)
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**Collection Dates: August 1 - December 17, 1997**

- Has a copper (Cu) supplement been given to the beef cows on this operation in the last 12 months? ..... B101 Y<sub>1</sub> N<sub>3</sub>
- If #1 = No, skip to #3.

cutype	If Yes, complete these three columns where applicable.		
	cufreq Frequency (times/year)	cubdat Date supplement began (mm/dd/yy - est. okay)	culdat Date last given* (mm/dd/yy - est. okay)
<b>Was copper supplementation:</b>			
A. Injectable? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>			
B. Rumenal bolus or needles? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>			
C. Free choice (block/ mineral)? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>			
D. Added to ration? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>			
E. Pasture application? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>			
F. Added to drinking water? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>			

- Has a zinc (Zn) supplement been given to the beef cows on this operation in the last 12 months? ..... B102 Y<sub>1</sub> N<sub>3</sub>
- If No, skip to next page.

zntype	If Yes, complete columns where applicable.	
	znbdat Begin Date (mmddy) (estimate okay)	znlдат Date last given* (mmddy - est. okay)
<b>Was zinc supplementation:</b>		
A. Free choice (block/ mineral)? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>		
B. Added to ration? <u>Y</u> <sub>1</sub> <u>N</u> <sub>3</sub>		



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\*Enter today's date if supplement was given today but before the blood samples were taken 4/10/97

\*\*\* Coordinator gets White copies - Lab gets Yellow copies with red-top tubes and Pink copy with blue-top tubes \*\*\*

<b>Table 1</b>		<b>Table 2</b>	
<b>Fecal Score</b>		<b>Body Condition Score</b>	
Code		Code	
1	Normal ("cow pie" or formed)	1	Severely emaciated. All ribs and bone structure easily visible and physically weak.
2	Loose (spread out like pancake batter)	2	Emaciated, similar to 1, but not weakened. Little visible muscle tissue.
3	Watery	3	Very thin, no fat on ribs or brisket, and some muscle still visible. Backbone easily visible.
4	No feces observed	4	Thin, with ribs easily visible but shoulders and hind quarters still showing fair muscling. Backbone visible.
		5	Moderate to thin. Last two or three ribs can be seen. Little evidence of fat in brisket, over ribs or around tailhead.
		6	Good smooth appearance throughout. Some fat deposition in brisket and over tailhead. Ribs covered and back appears rounded.
		7	Very good flesh, brisket full, tailhead shows pockets of fat, and back appears square due to fat. Ribs very smooth.
		8	Obese, back very square, brisket distended, heavy fat pockets around tailhead, and cow has square appearance due to excessive fat. Neck thick and short.
		9	Rarely seen. Very obese. Description of 8 taken to greatest extremes. Heavy deposition of udder fat.

**Remember to:**

- ✓ Freeze ice packs at least one day ahead of time.
- ✓ Collect up to the appropriate number of samples from each operation.
- ✓ Complete this Clinical Evaluation Record.
- ✓ Keep samples out of sun, place ice packs with samples ASAP, and ship by next day.
- ✓ Send WHITE copies to Coordinator and the remaining copies to NVSL with the samples.

# Beef '97 - BLOOD COLLECTION - Clinical Evaluation Record

State/Operation #: \_\_\_\_\_ Kit Number: \_\_\_\_\_  
 VMO Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

DATE BLUE-TOP SAMPLES COLLECTED: \_\_\_\_\_ mm/dd/yy  
 TIME samples were collected: \_\_\_\_\_ (e.g., 3:15pm)

DATE BLUE-TOP SAMPLES SPUN & SERUM HARVESTED: \_\_\_\_\_ mm/dd/yy  
 TIME spun & serum harvested: \_\_\_\_\_ (e.g., 3:15pm)

Number of beef cows on farm today:  
 ✓ Check one: \_\_\_\_\_ 1-25 collect same # as cows  
 \_\_\_\_\_ 26-49 collect 25  
 \_\_\_\_\_ 50-99 collect 30  
 \_\_\_\_\_ 100-249 collect 35  
 \_\_\_\_\_ 250+ collect 40

<b>Test Result Summary</b> Total negative _____ Total positive _____
--

Use the Table Code Sheet on page 2 to help complete the following.

BTUBE	Cow ID	BFECAL	BBCS	BJOHNE	BWEAN	BLVRSLT
Tube #	1-9 chars	Fecal Score	BCS	Johne's Vaccinated?	Days since calf weaned	Test Results
		Table1	Table2	Yes No	nursing=0	BLV
1				1 3		
2				1 3		
3				1 3		
4				1 3		
5				1 3		
6				1 3		
7				1 3		
8				1 3		
9				1 3		
10				1 3		
11				1 3		
12				1 3		
13				1 3		

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BTUBE	Cow ID	BFECAL	BBCS	BJOHNE	BWEAN	BLVRSLT
Tube #	1-9 chars	Fecal Score	BCS	Johne's Vaccinated?	Days since calf weaned	Test Results
		Table1	Table2	Yes No	nursing=0	BLV
14				1 3		
15				1 3		
16				1 3		
17				1 3		
18				1 3		
19				1 3		
20				1 3		
21				1 3		
22				1 3		
23				1 3		
24				1 3		
25				1 3		

Continue to page 4 if operation has 50 or more beef cows.

**Blood Collection - Continue**

State/Operation #: \_\_\_\_\_

Kit Number: \_\_\_\_\_

BTUBE	BID	BFECAL	BBCS	BIOHNE	BWEAN	BLVRSLT
Tube #	Cow ID 1-9 chars	Fecal Score Table1	BCS Table2	Johne's Vacci- nated? Yes No	Days since calf weaned nursing=0	Test Results BLV
Collect 5 more samples if operation has 50-99 beef cows for a total of 30.						
26				1 3		
27				1 3		
28				1 3		
29				1 3		
30				1 3		

BTUBE	BID	BFECAL	BBCS	BIOHNE	BWEAN	BLVRSLT
Tube #	Cow ID 1-9 chars	Fecal Score Table1	BCS Table2	Johne's Vacci- nated? Yes No	Days since calf weaned nursing=0	Test Results BLV
Collect 5 more samples if operation has 250 + beef cows for a total of 40.						
36				1 3		
37				1 3		
38				1 3		
39				1 3		
40				1 3		

Collect 5 more samples if operation has 100-249 beef cows  
for a total of 35.

31				1 3		
32				1 3		
33				1 3		
34				1 3		
35				1 3		



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0079. The time required to complete this information collection is estimated to average 3 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer OIRM, Ag Box 7630, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

\*\*\* Coordinator gets White copies - Lab gets Yellow and Pink copies with samples \*\*\*



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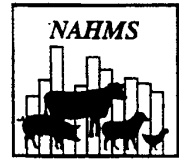
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## Beef '97 FECAL COLLECTION Clinical Evaluation Record

<b>State:</b>	<b>Operation #:</b>	<b>Kit #:</b>	<b>Date:</b> / /	<b>(mm/dd/yy)</b>
<b>VMO Name:</b>			<b>Telephone: ( )</b>	

**The NAHMS Coordinator will let you know the week(s) available for fecal collection.**

Number of beef cows on farm today:	fecalcow	
	✓ Check only one:	
1-25	1	If 1-25 beef cows, number of samples should equal number of cows (i.e., 18 cows, 18 samples)
26 - 49	2	If 26-49 beef cows, collect 25 fecal samples
50 - 99	3	If 50-99 beef cows, collect 30 fecal samples
100 - 249	4	If 100-249 beef cows, collect 35 fecal samples
250 +	5	If 250+ beef cows, collect 40 fecal samples

**What is the total number of samples you are submitting?** \_\_\_\_\_  
fecaltot

### COLLECTION PROTOCOL

- ✓ Freeze ice packs at least one day in advance of the visit.
- ✓ Collect samples from fresh, moist fecal pats off the ground. Do not pick up dirt and debris.
- ✓ Fill the tube HALF full. Screw cap on tight and clean the outside of the tube.
- ✓ Place samples in plastic bag, and put in shipping box with ice packs ASAP.
- ✓ Do not place clean, unused tubes inside bag with samples, place on top of bag.
- ✓ Ship to NVSL no later than the next day.
- ✓ Send the yellow copy of this form with the samples; white copy to the NAHMS Coordinator.

4/10/97

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0079. The time required to complete this information collection is estimated to average 1 hours per response, including the time to review the information collection. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Ag Box 7630, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.



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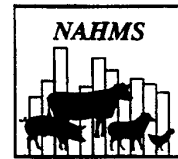
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## Beef '97 FORAGE COLLECTION Clinical Evaluation Record

State:	Operation #:	Sample #: <b>1</b>	Date: / /	(mm/dd/yy)
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**Collection Dates: August 1 - December 17, 1997**

Collection and Mailing Instructions are on the back of this form. **Sample 1 (THIS PAGE) should always be used for the Beef '97 forage sampling activity.**

The Producer should select which forage is to be tested. The forage that the cow herd is currently being fed is preferred.

**Use the diagram on the back to help describe the forage type submitted and write a complete description in question #1.**

1. Describe the predominate forage type submitted: FRDESC \_\_\_\_\_  
Cutting number where applicable: CUTTING \_\_\_\_\_
2. Was this forage Purchased or Raised on this operation? ..... FR1  P<sub>1</sub>   R<sub>3</sub>
3. Will Beef '97 blood sampling take place on this farm? ..... FR2  Y<sub>1</sub>   N<sub>3</sub> 
  - A. *If #3 is No, SKIP TO bottom of form.* Are the cows from the blood sampling being fed this forage? ..... FR3  Y<sub>1</sub>   N<sub>3</sub>
  - B. *If #3A is No, SKIP TO bottom of form.* How long have they been receiving this forage? **Enter one response only.** ..... FR4 \_\_\_\_\_ days  
..... FR5 **OR** \_\_\_\_\_ weeks  
..... FR6 **OR** \_\_\_\_\_ months

Complete the information below. The laboratory will send NAHMS the top portion after samples arrive.

State:	Operation #:	Sample: <b>1</b>	Date: / /	(mm/dd/yy)
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**Send Results to:**

VMO Name: _____	Telephone: (____) _____
VMO Mailing Address: _____	
City/State/ZIP: _____	

What is the predominate forage type and cutting number submitted? \_\_\_\_\_



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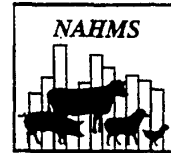
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## Beef '97 SUBSURFACE WATER COLLECTION Clinical Evaluation Record

<b>State:</b>	<b>Operation #:</b>	<b>Kit #:</b>	<b>Date:</b> / /	<b>(mm/dd/yy)</b>
<b>VMO Name:</b>			<b>Telephone: ( )</b>	

**Collection Dates: August 1 - December 17, 1997**

**SAMPLE MUST BE FROM A SUBSURFACE SOURCE (e.g., well or spring)**

1. Source of water: ..... w01 \_\_\_\_\_ code  
 1= Well  
 2= Spring  
 3= Other (specify: \_\_\_\_\_)
  
2. Sample taken from: ..... w02 \_\_\_\_\_ code  
 1= Running water from faucet, hose, or pipe  
 2= Water tank  
 3= Other (specify: \_\_\_\_\_)
  
3. *Answer this question if sample is from a well.* Age of well: ..... w03 \_\_\_\_\_ code  
 1= 5 years or less                      4 = More than 25 years  
 2= 6 to 10 years                         5 = Unknown  
 3= 11-25 years
  
4. *Answer this question if sample is from a well.* Approximate depth of the well: . w04 \_\_\_\_\_ code  
 1= 30 feet or less                      4 = More than 300 feet  
 2= 31-100 feet                         5 = Unknown  
 3= 101-300 feet
  
5. Will (Have) Beef '97 blood samples be (been) taken on this farm? ..... w05 Y<sub>1</sub> N<sub>3</sub>
  - A. *If #5 is No, form is complete.* Do the cows, from which the blood samples will be (have been) collected, currently have access to this water source? w06 Y<sub>1</sub> N<sub>3</sub>
  - B. *If #5A is No, form is complete.* Are there times during the year that these cows do not have access to this water? ..... w07 Y<sub>1</sub> N<sub>3</sub>
  - C. *If #5B is No, form is complete.* How long have these cows had access to this water source? ..... w08 \_\_\_\_\_ days  
 ..... w09 **OR** \_\_\_\_\_ weeks  
 ..... w10 **OR** \_\_\_\_\_ months

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