



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

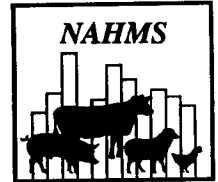
Veterinary
Services

Form Approved
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National Animal
Health Monitoring
System

555 South Howes,
Suite 200

Fort Collins, CO
80521



Beef Clinical Evaluation Log

State	Farm Number	VMO Number	Date
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(MM/DD/YY)

Samples to be taken between August 1 and December 31, 1993.

Section 1 - Supplementation Information

1. Has selenium (Se) been supplemented in the cows or replacement heifers on this operation in the last 12 months? (Enter 1 for YES or 3 for NO.) 4000 _____

If question 1 is answered NO, skip questions 2, 3, and 4 and go to question 5.

2. What type and quantity of selenium supplementation has been used? (Enter 1 for each type of supplementation used, leave all others blank. For each supplementation type used, enter a quantity amount and frequency amount where needed. Enter D/K if an amount is not known or unlisted.)

Type	Quantity	Frequency
2a. 4001 _____ Injectable	4006 _____ mg/hd	4010 _____ times/year
2b. 4002 _____ Rumenal bolus or pellet	4007 _____ g/hd	4011 _____ times/year
2c. 4003 _____ Free choice (block or mineral)	4008 _____ ppm	
2d. 4004 _____ Selenium added to ration	4009 _____ ppm	
2e. 4005 _____ Pasture application	n/a	

Note: If the feed tag is recorded as a percentage, multiply the percentage times 10,000 to convert to parts per million (ppm). For example, .003% selenium = 30 ppm.
If the feed tag is recorded as mg/kg, then 1 mg/kg = 1 ppm. For example, 8 mg/kg = 8 ppm.

3. If selenium was given as an injection, bolus, or pasture application in the last 12 months, what was the last date of administration? (Enter today's date if a selenium treatment was given today but before the blood sample was taken. An approximate date is okay to use.)4012 _____ mm/dd/yy

4. Is selenium currently being given as a supplement by block, loose mineral, or feed supplement? (Enter 1 for YES or 3 for NO.)4013 _____

4a. If YES, when did supplementation begin? (An approximate date is okay to use.)4014 _____ mm/dd/yy

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Section 1 - Blood Samples (continued)

5. Has copper (Cu) been supplemented in the cows or replacement heifers on this operation in the last 12 months? (Enter 1 for YES or 3 for NO.) 4015 _____

If question 5 is answered NO, skip questions 6, 7, and 8 and go to Section 2 on the next page.

6. What type and quantity of copper supplementation has been used? (Enter 1 for each type of supplementation used, leave all others blank. For each supplementation type used, enter a quantity amount and frequency amount where needed. Enter D/K if the amount is not known or unlisted.)

	Type	Quantity	Frequency
6a.	4016 _____ Injectable	4022 _____ mg/hd	4026 _____ times/year
6b.	4017 _____ Rumenal bolus or needles	4023 _____ g/hd	4027 _____ times/year
6c.	4018 _____ Free choice (block or mineral)	4024 _____ ppm	
6d.	4019 _____ Copper added to ration	4025 _____ ppm	
6e.	4020 _____ Pasture application	n/a	
6f.	4021 _____ Copper salts added to drinking water	n/a	

Note: If the feed tag is recorded as a percentage, multiply the percentage times 10,000 to convert to parts per million (ppm). For example, .048% copper = 480 ppm. If the feed tag is recorded as mg/kg, then 1 mg/kg = 1 ppm. For example, 8 mg/kg = 8 ppm.

7. If copper was given as an injection, bolus, or pasture application in the last 12 months, what was the last date of administration? (Enter today's date if a copper treatment was given today but before the blood sample was taken. An approximate date is okay to use.) . . . 4028 _____ mm/dd/yy

8. Is copper currently being given as a supplement by block, loose mineral, or feed or water supplement? (Enter 1 for YES or 3 for NO.) 4029 _____

8a. If YES, when did supplementation begin? (An approximate date is okay to use.) 4030 _____ mm/dd/yy

Public reporting burden for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Section 2 - Animal and Tube ID's (Cows/Heifers Only)

NOTE: All samples for BVD must be taken from either cows and replacement heifers (12-months-old or older) OR calves (not both types). Use this page for copper and selenium samples AND BVD samples from cows and replacement heifers 12-months-old or older. Use the next page for BVD samples from calves.

Blood samples can be taken from a MAXIMUM of 20 cows and replacement heifers 12-months-old or older.

- Approximately half the whole blood samples submitted (up to a maximum of 10) will be tested for selenium. Collect as many samples as possible up to a maximum of 20 in case tubes are broken during shipping.
- Approximately half the serum samples submitted (up to a maximum of 9) will be individually tested for copper. All serum samples (up to 20) will be pooled, tested for copper, and banked for future analysis.
- A maximum of 20 serum samples will be tested for persistent BVD.

1. Has any cow or heifer in this herd been vaccinated for BVD in the last 3 years? (Circle 1) Yes No

	Animal ID	Tube Number		
	Limited to 10 unique characters for each animal	Whole Blood Sample for Selenium	Serum Sample for Copper	Serum Sample for BVD
1.		S-	C-	B-
2.		S-	C-	B-
3.		S-	C-	B-
4.		S-	C-	B-
5.		S-	C-	B-
6.		S-	C-	B-
7.		S-	C-	B-
8.		S-	C-	B-
9.		S-	C-	B-
10.		S-	C-	B-
11.		S-	C-	B-
12.		S-	C-	B-
13.		S-	C-	B-
14.		S-	C-	B-
15.		S-	C-	B-
16.		S-	C-	B-
17.		S-	C-	B-
18.		S-	C-	B-
19.		S-	C-	B-
20.		S-	C-	B-

Section 2 - Animal and Tube ID's (BVD Samples for Calves)

NOTE: All samples for BVD must be taken from either cows and replacement heifers (12-months-old or older) OR calves (not both types). Use this page for serum samples for BVD from calves.

Indicate "Poor Doer" calves (e.g., poor weight gain, chronic illness, etc.) by checking the box where appropriate.

- A maximum of 20 serum samples from calves (under 12 months of age) will be tested for persistent BVD.



This page SHOULD NOT be completed if serum samples for BVD were taken from adult cows and replacement heifers.



	Calf ID	Tube Number	Poor Doer
	Limited to 10 unique characters for each calf	Serum Sample for BVD	Poor Doer Calf? (Check box to indicate "poor doer")
1.		B-	
2.		B-	
3.		B-	
4.		B-	
5.		B-	
6.		B-	
7.		B-	
8.		B-	
9.		B-	
10.		B-	
11.		B-	
12.		B-	
13.		B-	
14.		B-	
15.		B-	
16.		B-	
17.		B-	
18.		B-	
19.		B-	
20.		B-	