



Animal and Plant Health Inspection Service

Veterinary Services

National Animal Health Monitoring System

2150 Centre Ave, Bldg B Fort Collins, CO 80526

Form Approved OMB Number 0579-0354 Expires: 04/30/2022

NAHMS Goat 2019 Enteric Pathogen Collection Record

Kit contents:

50 small Whirl-Pak® bags, 25 medium Whirl-Pak® bags, lubricant, 2 ice packs, 1 liner bag, 1 medium insulated cooler, and paperwork that includes submission form, labels, and 1 UPS airbill addressed to NCSU in Raleigh, NC. You will need to provide your own gloves. Clean gloves are needed for each animal.

Collection Instructions

Collect fecal samples Sunday-Wednesday. Collect fecal samples from 5 goats from each of the following goat types: pregnant does, nursing does, preweaned kids, weaned kids, and open does. If one goat type is not present on the operation, collect extra samples from the highest priority goat type, to up to 10 goats. **The sample priority order is pregnant does, nursing does, preweaned kids, weaned kids, and open does.**

Fresh samples are a must. Collect from the rectum or immediately off the ground while samples are still warm. Rectal retrieval might not be possible on some goats (e.g. preweaned kids).

Collect AT LEAST 6 fecal pellets from each animal (plus at least 4 additional pellets for a second bag). Place 6 fecal pellets in one small Whirl-Pak® bag and any remaining fecal pellets (at least 4) in a second small Whirl-Pak® bag. On the labels provided, write the goat's name or ID and attach the labels onto to the bags.

Express air from Whirl-Pak® bags, twist down twice, and secure.

Place the 2 **small** Whirl-Pak® bags from each animal in a **medium** Whirl-Pak® bag and secure. Place all samples in 1 liner bag. Cool down samples with ice packs. Keep cool and, if necessary, replace ice packs with frozen ones before shipping.

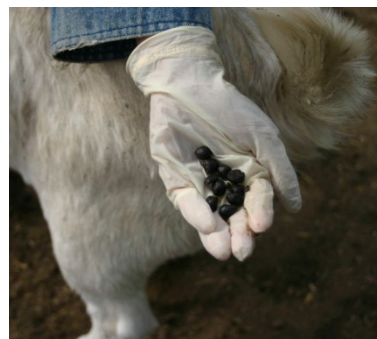
RECTAL RETRIEVAL

To avoid contamination from common organisms on the ground, rectal retrieval is best. Rectal retrieval might not be possible on some goats (e.g. preweaned kids), and fresh off the ground samples are acceptable.



1. Apply lubricating jelly to the glove before entering the rectum.

- Lightly stroking the rectum might encourage defecation.



2. Collect duplicate samples:

- Retrieve a minimum of 6-10 pellets per animal.
- 6 pellets go in one bag and 4 pellets go in the second bag

3. On each label, write the goat's name or ID and attach them on to the small Whirl-Pak® bags. Place the small duplicate bags inside the medium Whirl-Pak® bag.

4. Continue collecting samples from other goats using a clean glove for each animal.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0354. The time required to complete this information collection 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 information collected.

**NAHMS-460
Jun 2019**

Collection Form Instructions

Using a ballpoint pen, record samples on the appropriate lines and complete all information requested.

Send the white and yellow copies to the lab. The pink copy stays with the Producer.

Shipping Instructions

Ship on Monday-Wednesday. Keep samples cool and ship within 24 hours of collection. Wednesday collections must be shipped the same day. Do not collect or ship samples Thursday through Saturday.

Place all the samples in the liner bag and tie shut. Place an ice pack on the top and bottom of the samples. Add filler to the box if necessary. Close the insulated cooler box and **place the white and yellow collection record copies on top of the cooler box lid. Leave the pink copy with the Producer.**

Secure the box and ship to NCSU in Raleigh, North Carolina, within 24 hours. Ship only Monday-Wednesday.

NOTE: Remove or black out all extraneous labels on outside of box.

Enteric Pathogen Collection Record

NAHMS ID <small>6 digits eid</small>	Primary collector: <small>Name and phone number ename/eph</small>	Date: <small>(mm/dd/yy) edate</small>	Enteric Kit # on labels: <small>ekit</small>
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e101	e102	e103m/e103y	e104	e105	e106a-d	e107a-e/107oth	e108	e109a-e/109otha-othc
1. Sample #	2. Goat name or ID	3. Age <small>(months or years)</small>	4. Goat Type <small>1= pregnant doe 2=nursing doe 3=preweaned kid 4=weaned kid 5=open doe</small>	5. IF goat type =1 or 2, provide date kidded or expected date to kid <small>(mm/dd/yy)</small>	6. Goat housing <small>1= housed in individual pens 2=housed with other goats of same type (column 4) 3=housed with other goat types (column 4) 4=housed with other livestock (specify livestock) <i>[List all that apply]</i></small>	7. Condition(s) in past 30 days <small>1=diarrhea 2=fever 3=respiratory infection 4=thin 5=other (specify) <i>[List all that apply]</i></small>	8. Did this animal receive individual antimicrobial therapy in the last 30 days? <small>(Yes/No) <i>[If No, SKIP column 9]</i></small>	9. Which individual antibiotic(s) were given in the last 30 days? <small><i>[See reference card and enter code]</i></small>
1		__ mo OR __ yr						
2		__ mo OR __ yr						
3		__ mo OR __ yr						
4		__ mo OR __ yr						
5		__ mo OR __ yr						
6		__ mo OR __ yr						
7		__ mo OR __ yr						
8		__ mo OR __ yr						
9		__ mo OR __ yr						
10		__ mo OR __ yr						

1. Sample #	2. Goat name or ID	3. Age (months or years)	4. Goat Type 1= pregnant doe 2=nursing doe 3=preweaned kid 4=weaned kid 5=open doe	5. IF goat type =1 or 2, provide date kidded or expected date to kid. (mm/dd/yy)	6. Goat housing 1= housed in individual pens 2=housed with other goats of same type (column 4) 3=housed with other goat types (column 4) 4=housed with other livestock (specify livestock) <i>[List all that apply]</i>	7. Condition(s) in past 30 days 1=diarrhea 2=fever 3=respiratory infection 4=thin 5=other (specify) <i>[List all that apply]</i>	8. Did this animal receive individual antimicrobial therapy in the last 30 days? (Yes/No) [If No, SKIP column 9]	9. Which individual antibiotic(s) were given in the last 30 days? <i>[See reference card and enter code]</i>
11		___ mo OR ___ yr						
12		___ mo OR ___ yr						
13		___ mo OR ___ yr						
14		___ mo OR ___ yr						
15		___ mo OR ___ yr						
16		___ mo OR ___ yr						
17		___ mo OR ___ yr						
18		___ mo OR ___ yr						
19		___ mo OR ___ yr						
20		___ mo OR ___ yr						

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21		___ mo OR ___ yr						
22		___ mo OR ___ yr						
23		___ mo OR ___ yr						
24		___ mo OR ___ yr						
25		___ mo OR ___ yr						

Were samples: ₁ stored overnight OR ₂ shipped the same day as collected? estore

How many people in each category helped with the collection of the individual fecal samples?

_____ Fed VMO evmo _____ Fed AHT eaht _____ State government estate _____ Producer eprod _____ Other, specify eoth/eothsp:

Total sample time _____ hours ehr

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