



Animal and
Plant Health
Inspection
Service

Veterinary
Services

Sheep 2011 Nasal Swab & Blood Sample Collection Record

National Animal Health
Monitoring System

2150 Centre Ave, Bldg B
Fort Collins, CO 80526

Form Approved
OMB Number 0579-0188
Approval expires: 6/30/2013

Kit Contents:

45 red-top, serum separate tubes in 2 tube divider boxes
45 18 gauge vacutainer needles
1 vacutainer holder
16 nasal swabs and 16 mycoplasma enrichment broth in tube divider box
1 small bottle with screw cap
4 liner bags, 2 ice packs 2 absorbent pads UN3373 labels (if necessary)
1 small insulated box for swab shipping (shipped separately)
This set of paperwork including submission form, labels, and 2 UPS airbills

EWES

Collect from ewes that have had at least one full-term lamb. Ewes can be pregnant if Producer is comfortable with the sampling.

Sample a maximum of 30 ewes:

Operation has:

- 1 to 49 ewes - collect 16 samples
- 50 to 99 ewes - collect 22 samples
- 100 to 199 ewes - collect 25 samples
- 200 or more ewes - collect 30 samples

Use the labels numbered 1 through 30 for the ewe samples.

Fill one tube per ewe using the provided needles and holder. If you prefer syringes or different length needle, you will need to provide your own.

SWABS

Collect one nasal swab sample from each of the first 16 ewes sampled.

Swab nostril fairly deep. Swabs can go 4 to 5 inches deep.

Vigorously swish the swab in a tube of mycoplasma enrichment broth for **at least 10 seconds**. Squeeze out excess broth on the inside of the tube above the broth level and discard the swab. Secure the tube and label with corresponding blue label.

WEANED LAMBS

Collect blood from weaned replacement ewe lambs or weaned lambs intended for market.

Sample a maximum of 15 lambs:

Operation has 1 to 99 lambs - collect 10 samples; Operation has 100 lambs+ – collect 15 samples

Use the yellow labels numbered 31 through 45 for the weaned lamb samples.

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 0579-0188. The time required to complete this information collection is estimated to average 4 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 of information.

**NAHMS-251
FEB 2011**

Dirt

Collect dirt or fine bedding. Do not include straw, hay, or feces. Collect inside a sheep pen or within 25 feet of a pen. Fill the screw-top cup with dirt. There are no specific guidelines as to location and moisture content. Indicate on the submission form the ages of the animals closest to from where the sample is taken. The sample will be PCR tested for *Coxiella burnetii* for research purposes only, and results will not be returned to the producer.

Submission form

Record samples on the appropriate lines and complete all information requested. Send yellow copy with blood samples, pink copies with myco broth samples, and the original to your Coordinator.

Shipping – Blood and dirt

Keep blood samples cool and **ship with frozen ice packs**. Ship within 24 hours to NVSL. The lab will appreciate it if you can let the samples clot and then spin, and to box the tubes in numeric order

Place the blood boxes and one absorbent pad inside a liner bag and secure closed. Place inside another liner bag along with the dirt sample and two frozen ice packs. Use filler (e.g., newspaper) in box if necessary and put yellow copy of the submission form on top and seal. NOTE: Remove or black out all extraneous labels on outside of box.

Can I collect samples on a Friday or Saturday and hold until Monday to ship? YES, if you let the sample clot, spin down, and keep refrigerated. Hold broth and dirt at room temperature. **NOTE:** In planning farm visit to collect blood and fecal pathogens samples, remember that the fecal pathogen samples can not be held more than 24 hours.

Shipping – Myco broth – not sent on ice

The enrichment broth needs to be shipped directly to the lab conducting the test within 24 hours of collecting.

Place the broth tubes inside a liner bag with one absorbent pad, express air, tie shut, and place inside another liner bag. Use the small box titled SWAB KIT. Send the Pink copy of the submission form with the samples. NOTE: Ignore the items if the SWAB KIT arrives with an ice pack and/or biohazard envelope. Ship in the small insulated box provided.

Ship to the enrichment broth to WADDL, Bustad Hall, Room 155-n, Pullman, WA 99164 (as addressed on the UPS airbill).

Send the original submission form to your Coordinator.

**DO NOT SEND
Myco Broth Enrichment tubes
on frozen ice packs.**

Sheep 2011 – Blood Collection Record

State FIPS:	Operation #:	Date:	Kit #:	Total Ewe Inventory TODAY:
2 digits	5 digits	mm/dd/yy	Printed on labels	

<p>Bedded manure or dirt sample – Was the sample taken from <input type="checkbox"/>₁ inside the pen or <input type="checkbox"/>₂ outside the pen? What is the average age of the sheep nearest to the sample? _____ indicate months or yrs</p>
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Match the label number on the tube to the appropriate line below and complete the information.

Label Number	Sheep ID	Age (years)	Ewe Status N – Nursing P – Pregnant O – Open	Is the ewe showing any of the following? (Check all that apply.)	Comments or other clinical signs
1			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
2			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
3			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
4			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
5			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
6			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
7			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
8			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
9			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
10			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
11			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
12			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
13			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
14			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
15			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
16			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	

If you can't collect a nasal swab for one of the first 16 ewes, please indicate in the Comments column. If you can get a swab further down the line, indicate in the Comments column and change the sample number on the label to reflect the corresponding tube number

Sheep 2011 – Blood Collection Record – continued

State FIPS:	Operation #:	Kit #:
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Continue blood collection if there are more than 49 ewes.					
Label Number	Sheep ID	Age (years)	Ewe Status N – Nursing P – Pregnant O – Open	Is the ewe showing any of the following? (Check all that apply.)	Comments or other clinical signs
17			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
18			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
19			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
20			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
21			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
22			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
Continue blood collection if more than 99 ewes.					
23			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
24			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
25			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
Continue blood collection if more than 199 ewes					
26			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
27			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
28			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
29			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
30			<input type="checkbox"/> ₁ N <input type="checkbox"/> ₂ P <input type="checkbox"/> ₃ O	<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
Collect up to 15 samples from Weaned lambs on the operation today.					
Start on next page					

Sheep 2011 – Blood Collection Record – continued

State FIPS:	Operation #:	Kit #:
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USE THE YELLOW LABELS FOR THE WEANED LAMBS
Collect up to 15 samples from Weaned Lambs that are on the operation today.
NASAL SWABS ARE NOT TAKEN FROM LAMBS.

Label Number	Lamb ID	Age (weeks)	Is the lamb showing any of the following? (Check all that apply.)	Comments or other clinical signs
31			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
32			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
33			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
34			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
35			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
36			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
37			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
38			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
39			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
40			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	

Continue blood collection if you have more than 99 weaned lambs

41			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
42			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
43			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
44			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	
45			<input type="checkbox"/> ₁ coughing <input type="checkbox"/> ₂ runny nose <input type="checkbox"/> ₃ thin	

How many people in each category helped with the collection of the blood and swab samples?

_____ Fed VMO	_____ State Gov't
_____ Fed AHT	_____ Producer
_____ Other (specify: _____)	

Not counting any Producer time, how many hours did it take everyone to collect and prepare for shipping:

_____ hours

How many round-trip hours did it take for everyone to get to the farm and back:

_____ hours