

ORDER OF QUARANTINE

DUPLICATE-To Helena Office

TO DEBBIE WEYER

P.O. 1911 Hwy 261, Box 319, WIBAU, MT COUNTY WIBAU
59353

You are hereby notified that SHEEP in your possession (are - may be) affected with or exposed to
SCRAPIE. By authority vested in me by Title 81, Chapters 2 and 20, Montana Codes

Annotated, I hereby quarantine all of said animals which are more particularly described as follows:

| No. | Breed | Sex | Age | Brand | Tag Number | Additional Identification |
|--|-------|-----|-----|-------|------------|---------------------------|
| ALL SHEEP AND GOATS ON PREMISES | | | | | | |
| YOUR FLOCK CONTAINED A HIGH-RISK (FOR EXPOSURE TO SCRAPIE) | | | | | | |
| EWIE THAT LAMBED IN YOUR FLOCK. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I hereby quarantine the following described premises:

1911 Hwy 261, Box 319, WIBAU, MT

Animals should not be removed from quarantined premises until this order is modified or vacated or until removal has been authorized by a representative of the Department of Livestock Animal Health Division.

Issued in accordance with MCA 81-2-102; ARM 32.3.102-110 at HELENA, Montana,
this 6TH day of MARCH, 2002

Thomas J. Kasper, DVM
Assistant State Veterinarian

Deputy State Veterinarian

DEPARTMENT OF LIVESTOCK

COPY



JUDY MARTZ, GOVERNOR

PO BOX 202001

STATE OF MONTANA

BOARD OF LIVESTOCK - (406) 444-7323
BRANDS ENFORCEMENT DIVISION - (406) 444-2045
ANIMAL HEALTH DIVISION - (406) 444-2043
CENTRALIZED SERVICES DIVISION - (406) 444-9040
MEAT & POULTRY INSPECTION BUREAU - (406) 444-5202
MILK & EGG BUREAU - (406) 444-9761

HELENA, MONTANA 59620-2001

May 8, 2002

Debbie Weyer
1911 Hwy. 261, Box 319
Wibaux, MT 59353

Dear Debbie:

This letter is in regards to the Order of Quarantine (Number 16205) issued to you March 6, 2002. We are pleased to inform you the wether lambs identified below have been officially released from quarantine:

Table with 3 columns: Official Identification, Year of Birth, Sex. Rows list identification numbers 592 MT 14 through 592 MT 32, all with year 2002 and sex NM.

Please be reminded all other sheep and goats on your premises remain under quarantine.

Thank you for your cooperation on this matter. It is always a pleasure to work with livestock producers that recognize the importance of animal health, disease prevention, and managing livestock exposed to diseases. Please contact me if you have any questions regarding this issue.

Sincerely,

Handwritten signature of Thomas F.T. Linfield, D.V.M.

Thomas F.T. Linfield, D.V.M.
Assistant State Veterinarian

cc: Dr. Wilber Clark, AVIC, USDA-APHIS-VS

Flock Plan Agreement

1. OWNER'S NAME AND ADDRESS

Debbie Weyer
1911 Hwy 261, Box 319
Wibaux, MT 59353

2. LOCATION(S) OF FLOCK(S)

Same

Telephone Number (b)(6)

3. Number of animals in flock _____

4. Flock number MT0592

5. Status Exposed Status date 06 March, 2002

I Debbie Weyer understand and agree to abide by the following provisions:

- (a) To officially individually identify all animals 1 year of age or over within the flock. The form(s) of identification used will be Official ear tags.
- (b) To record the following information for each animal in the flock:
 - (1) All identifying marks or tags present on the animal including the animal's individual official identification number(s) from its electronic implant, flank tattoo, ear tattoo, tail fold tattoo, tamper resistant ear tag and any secondary form of identification the owner of the flock may choose to maintain;
 - (2) Sex, breed, and date of birth of the animal;
 - (3) Sire, dam, and offspring (if known)
 - (4) Date of acquisition and previous flock, if the animal was not born in the flock; and
 - (5) Disposition of the animal, including the date and cause of death, if known, or date of removal from the flock and name and address of the person to whom the animal was transferred.
- (c) To upon request, make animals in the flock and the records (required to be kept as a part of this plan) available for inspection by APHIS representatives and State representatives, given reasonable prior notice.
- (d) To assist in an epidemiological investigation to identify high-risk and exposed animals both those in the flock and those that have been removed from the flock. To request breed associations and registries, livestock markets, and packers to disclose records to APHIS representatives or State representatives. (These records will be used to identify source flocks and to trace exposed animals including high-risk animals.)
- (e) To clean and disinfect the premises of the flock in accordance with the guidelines published in the Scrapie Flock Certification Program standards. (See attached list of facilities including a cleaning and disinfection plan for each)
- (f) To immediately report to a State representative, APHIS representative, or an accredited veterinarian any animals in the flock exhibiting the following: Weight loss despite retention of appetite; behavioral abnormalities; pruritus (itching); wool pulling; biting at legs or side; lip smacking; motor abnormalities such as incoordination, high stepping gait of forelimbs, bunny hop movement of rear legs, swaying of back end; increased sensitivity to noise and sudden movement; tremor, "star gazing", head pressing, recumbency, or other signs of neurological disease or chronic wasting illness. Such animals will not be removed from the flock without written permission of an APHIS representative or State representative.
- (g) To upon request of an APHIS or State representative have an accredited veterinarian collect and submit tissues from animals for scrapie diagnostic purposes to a laboratory designated by an APHIS or State representative.
- (h) To remove all high risk, test positive animals and suspect animals from the flock. The test positive and suspect animals must either be euthanized and the tissues submitted for confirmatory testing to NVSL and the carcass(es) disposed of by burial, incineration, or other methods in accordance with local, State, and Federal law or the animal may be donated to USDA for research. High risk animals will be removed in accordance with 9 CFR part 54 and 79.
- (i) To either (1) conduct post-exposure management and monitoring plan for 5 years after the last scrapie positive or high risk animal is removed in accordance with the attached agreement, or (2) join the Scrapie Flock Certification Program and remain in compliance with the standards for exposed flocks for 5 years after the last scrapie positive or high risk animal is removed (delete or cross out the

one that does not apply).

(j) To utilize the following flock management strategies to reduce the risk of reintroduction or spread of scrapie in the flock. (These may include use of contemporary lambing groups, genetic testing, live animal testing, etc.)

Official genotyping of all individuals born the same year or in subsequent years of when the high-risk animals lambed, with all animals that test OO at codon 171 third eyelid tested. All animals third eyelid tested must be a minimum of 14 months of age. Negative results for third eyelid testing will result in your flock remaining in exposed status until further testing of high-risk animals sold to North Dakota can be completed. A positive third eyelid may result in your flock being redesignated as an infected flock requiring further investigation as stated below.

(k) Pending results of high-risk ewes that were sold to North Dakota, your flock may be designated infected if one or more of the ewes are found scrapie positive. Your flock will remain exposed if high-risk ewes are found negative and results of third eyelid testing are negative at which time your exposed flock status may be reviewed.

A list of all the animals in the flock and their official identification is attached .
I understand that, if any animal in my flock is determined to be a scrapie positive animal or if a scrapie positive animal is traced back to my flock, additional animals may be designated as high risk or exposed and that my flock may be designated as an infected or source flock and be quarantined.
I understand, if I fail to comply with the terms of this agreement including failure to comply with the terms of the post-exposure management and monitoring plan or the SFCP (whichever applies) my flock will remain on or be placed on the infected or source flock list and that my flock will remain or be placed under State quarantine until such time as the flock plan is completed.
I authorize breed associations and registries, livestock markets, and packers to disclose records to APHIS representatives or State representatives. I understand that these records will be used to identify and notify owners of source flocks and of exposed sheep, including high risk sheep.
This flock plan will be deemed complete and the flock released from infected or source flock status when all animals over 1 year of age have been identified and the identification verified, all records that are required to be kept are inspected and found to be complete, the epidemiologic investigation has been completed, if disinfection is a part of the plan the premise has been disinfected, all high risk, test positive and scrapie suspect animals have been removed, the post exposure monitoring plan agreement has been signed or the flock is enrolled in the SFCP, and the flock is in compliance with the post exposure monitoring plan agreement or the SFCP.

(b)(6)

5. OWNER'S SIGNATURE

Thomas G. Humphreys, DVM

6. DATE

7-15-02

7-22-02

7. STATE REPRESENTATIVE'S SIGNATURE

9. APHIS REPRESENTATIVE'S SIGNATURE

8. DATE

10. DATE

7/15/02.

APHIS:USDA

APHIS:USDA Veterinary Services

Phone: (406) 449-5407

FAX: (406) 449-5439

email:



United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Subject:

DeWeyer Plock

Wibaux MT

Date: 4-15-02

5-30-02

| To: | Official Plock ID | Age | Sex | Scrapie ID | Owner ID | Genotype | Eyelids |
|-----|-------------------|-----|-----|------------|-----------|----------|-----------------------|
| | <u>MT0592</u> 10 | 2 | F | - | white 02 | QR | NA |
| | 13 | 1 | F | yel 0208 | 143 | QA | Neg. |
| | 08 | 3 | F | yel 0220 | 910 | QA | Neg. |
| | 06 | 3 | F | Red 0202 | 908 | QA | Pos. |
| | 07 | 3 | F | yel 0218 | 909 | QA | Neg. |
| | 09 | 2 | F | yel 0222 | 01 | QA | Neg. |
| | 11 | 2 | F | yel 0219 | 03 | QA | Neg. |
| | 12 | 1 | F | yel 0216 | 108 | QA | Neg. |
| | 14 | 1 | M | - | yel 132 | QR | NA |
| | | 4 | F | yel 0203 | white 803 | | |
| | 05 | 4 | F | yel 0205 | 814 | | |
| | | 4 | F | yel 0212 | 806 | | |
| | 01 | 4 | F | yel 0213 | 802 | | |
| | 04 | 4 | F | yel 0221 | 807 | | * Full sister to 908. |



APHIS—Protecting American Agriculture

An Equal Opportunity Employer

DEPARTMENT OF LIVESTOCK

COPY



JUDY MARTZ, GOVERNOR

PO BOX 202001

STATE OF MONTANA

HELENA, MONTANA 59620-2001

BOARD OF LIVESTOCK - (406) 444-7323
BRANDS ENFORCEMENT DIVISION - (406) 444-2045
ANIMAL HEALTH DIVISION - (406) 444-2043
CENTRALIZED SERVICES DIVISION - (406) 444-9040
MEAT & POULTRY INSPECTION BUREAU - (406) 444-5202
MILK & EGG BUREAU - (406) 444-9761

July 23, 2002

Debbie Weyer
1911 Hwy. 261,
Box 319
Wibaux, MT 59353

Dear Debbie:

This letter is to inform you the following two 2002 lambs have been conditionally released from the Order of Quarantine (Number 16205) issued to you March 6, 2002:

- 1) Ewe lamb # 592 MT 16 (4-H Tag # 101)
- 2) Wether lamb # 592 MT 40 (4-H Tag # 102)

Conditions of quarantine release:

- 1) The above animals must remain in slaughter channels. It is our understanding the above animals are destined for the 2002 Wibaux County Fair, Wibaux, MT, as market lambs. Both must be presented as slaughter-only lambs.

Thank you for your cooperation on this matter. It is always a pleasure to work with livestock producers that recognize the importance of animal health, disease prevention, and managing livestock exposed to diseases. Please contact me if you have any questions regarding this issue.

Sincerely,

Thomas F.T. Linfield, D.V.M.
Assistant State Veterinarian

✓ cc: Dr. Wilber Clark, AVIC, USDA-APHIS-VS

DEPARTMENT OF LIVESTOCK



JUDY MARTZ, GOVERNOR

PO BOX 202001

STATE OF MONTANA

BOARD OF LIVESTOCK - (406) 444-7323
BRANDS ENFORCEMENT DIVISION - (406) 444-2045
ANIMAL HEALTH DIVISION - (406) 444-2043
CENTRALIZED SERVICES DIVISION - (406) 444-9040
MEAT & POULTRY INSPECTION BUREAU - (406) 444-5202
MILK & EGG BUREAU - (406) 444-9761

HELENA, MONTANA 59620-2001

August 5, 2002

Debbie Weyer
1911 Hwy. 261,
Box 319
Wibaux, MT 59353

Dear Debbie:

This letter follows the July 23, 2002 letter to you regarding the conditional release from quarantine of two of your 2002 lambs. Dr. Ryan Clarke, USDA-APHIS-VS, notified our office the lambs were incorrectly identified in that letter. The correct identification of the two lambs conditionally released from quarantine (Order of Quarantine Number 16205) is as follows:

| Description | 4-H Tag # | Correct USDA Tag # | Incorrect USDA Tag # (As cited on 7/23/02 letter) |
|-------------|-----------|--------------------|--|
| Ewe lamb | 101 | 592 MT 033 | 592 MT 16 |
| Wether lamb | 102 | 592 MT 032 | 592 MT 40 |

Again, the following are the conditions of the quarantine release:

- 1) The above animals must remain in slaughter channels. It is our understanding the above animals are destined for the 2002 Wibaux County Fair, Wibaux, MT, as market lambs. Both must be presented as slaughter-only lambs.

Thank you for your cooperation on this matter. It is always a pleasure to work with livestock producers that recognize the importance of animal health, disease prevention, and managing livestock exposed to diseases. Please contact me if you have any questions regarding this issue.

Sincerely,

Handwritten signature of Thomas F.T. Linfield, D.V.M.
Thomas F.T. Linfield, D.V.M.
Assistant State Veterinarian

cc: Dr. Wilber Clark, AVIC, USDA-APHIS-VS

DEPARTMENT OF LIVESTOCK



JUDY MARTZ, GOVERNOR

PO BOX 202001

STATE OF MONTANA

HELENA, MONTANA 59620-2001

BOARD OF LIVESTOCK - (406) 444-7323
BRANDS ENFORCEMENT DIVISION - (406) 444-2045
ANIMAL HEALTH DIVISION - (406) 444-2043
CENTRALIZED SERVICES DIVISION - (406) 444-9840
MEAT & POULTRY INSPECTION BUREAU - (406) 444-5202
MILK & EGG BUREAU - (406) 444-9761

October 2, 2002

Debbie Weyer
1911 Hwy. 261,
Box 319
Wibaux, MT 59353

Dear Debbie:

This letter is to inform you the Order of Quarantine (Number 16205) issued to you March 6, 2002 has been **officially released**. This quarantine release follows confirmation, by Dr. Ryan Clarke, USDA-APHIS-VS, that all high-risk (for exposure to scrapie) sheep have been removed from your premise.

Thank you for your cooperation on this matter. It is always a pleasure to work with livestock producers that recognize the importance of animal health, disease prevention, and managing livestock exposed to diseases. Please contact me if you have any questions regarding this issue.

Sincerely,

A handwritten signature in cursive script that reads "Thomas F.T. Linfield, D.V.M.".

Thomas F.T. Linfield, D.V.M.
Assistant State Veterinarian

✓ cc: Dr. Wilber Clark, AVIC, USDA-APHIS-VS



Genmark Labs <genmark@infigen.com> on 04/10/2002 07:28:33 PM

To: dianne.k.norden@aphis.usda.gov
cc: rebecca.k.frey@aphis.usda.gov

Subject: Test results

Here are the test results for the samples you submitted recently. Sample MT0592 11 has a test result of "pending" because the lab was unable to produce a conclusive result after several attempts at testing. Currently, the sample is being re-optimized and re-tested to produce a conclusive result. The result will be forwarded to you as soon as it is available.

Test(s) requested by:

Debbie Weyer
USDA Pilot Project

Wibaux, MT

| Lab ID | Animal ID | Test | Result |
|--------|-----------|------------------------------|------------------------|
| 48240 | MT0592 10 | Scrapie Resistance Codon 171 | QR Scrapie Resistant |
| 48241 | MT0592 13 | Scrapie Resistance Codon 171 | QQ Scrapie Susceptible |
| 48242 | MT0592 08 | Scrapie Resistance Codon 171 | QQ Scrapie Susceptible |
| 48243 | MT0592 06 | Scrapie Resistance Codon 171 | QQ Scrapie Susceptible |
| 48244 | MT0592 07 | Scrapie Resistance Codon 171 | QQ Scrapie Susceptible |
| 48245 | MT0592 09 | Scrapie Resistance Codon 171 | QQ Scrapie Susceptible |
| 48246 | MT0592 14 | Scrapie Resistance Codon 171 | QR Scrapie Resistant |
| 48247 | MT0592 11 | Scrapie Resistance Codon 171 | PD Pending |
| 48248 | MT0592 12 | Scrapie Resistance Codon 171 | QQ Scrapie Susceptible |

Thank you,

Genmark Customer Service
Infigen, Inc.
1825 Infinity Drive
DeForest, WI 53532
Phone: (877) 766-3446
Fax: (608) 846-0520

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 3

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 6/07/2002

Accession: 180945

Submitted By:
FREY, REBECCA
208 N. MONTANA AVE
SUITE 101
HELENA, MT 59601
Fax: 4064495439

Referral Number: SRE 0901-0908
Retain Number:
Date Collected: 6/04/2002
Collected By: FREY, REBECCA

Owner: WEYER, DEBBIE
MT

Location of Animals (Cty/St):

Condition on Arrival:

Purpose: General Diagnostic

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|---------------------|---------|----------|--|
| 544553 | 1*SRE0901 | MT0592 13 PRPEYE | SHEEP | FIXTIS | TSE Protease Resistant Protein - Eyelid Result: NOT DETECTED |
| 544554 | 2*SRE0902 | MT0592 06 PRPEYE | SHEEP | FIXTIS | TSE Protease Resistant Protein - Eyelid Result: POSITIVE |
| 544555 | 3*SRE0903 | MT0592 09 PRPEYE | SHEEP | FIXTIS | TSE Protease Resistant Protein - Eyelid Result: NOT DETECTED |
| 544556 | 4*SRE0904 | MT0592 12 PRPEYE | SHEEP | FIXTIS | TSE Protease Resistant Protein - Eyelid Result: NOT DETECTED |
| 544557 | 5*SRE0906 | MT0592 08 PRPEYE | SHEEP | FIXTIS | TSE Protease Resistant Protein - Eyelid Result: NOT DETECTED |

Distribution:
Submitter
7/08/2002

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 6/07/2002

Accession: 180945

Submitted By:
FREY, REBECCA
208 N. MONTANA AVE
SUITE 101
HELENA, MT 59601
Fax: 4064495439

Referral Number: SRE 0901-0908
Retain Number:
Date Collected: 6/04/2002
Collected By: FREY, REBECCA

Owner: WEYER, DEBBIE
MT

Location of Animals (Cty/St):

Condition on Arrival:

Purpose: General Diagnostic

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---|----------|---------|
| 544558 | 6*SRE0907 | MT0592 07 | SHEEP | FIXTIS | TSE |
| | | PRPEYE | Protease Resistant Protein - Eyelid Result: NOT DETECTED | | |
| 544559 | 7*SRE0908 | MT0592 11 | SHEEP | FIXTIS | TSE |
| | | PRPEYE | Protease Resistant Protein - Eyelid Result: NOT DETECTED | | |

DEFINITIONS OF DIAGNOSTIC NOMENCLATURE FOR TEST RESULTS LISTED ABOVE:

PrP-res Not Detected. Based on current transmissible spongiform encephalopathy (TSE) research and pathogenesis studies, it is possible to have protease resistant prion protein (PrP-res) present at levels below the sensitivity of this test. It should also be noted that PrP-res may be present in tissues other than those that were examined. This analysis was performed and validated using scrapie positive brain tissues as controls.

Insufficient follicles. There was an insufficient number of lymphoid follicles (less than 6) in the sample.

Unsuitable. No significant lymphoid tissue was present in the sample.

Positive result on brain and/or eyelid. Formalin-fixed, paraffin-embedded

Distribution: /s/ Randall L. Levings, DVM Director
Submitter National Veterinary Services Laboratories
7/08/2002

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397

1-800-877-8339

Date Received: 6/07/2002

Accession: 180945

Submitted By:
FREY, REBECCA
208 N. MONTANA AVE
SUITE 101
HELENA, MT 59601
Fax: 4064495439

Referral Number: SRE 0901-0908
Retain Number:
Date Collected: 6/04/2002
Collected By: FREY, REBECCA

Owner: WEYER, DEBBIE
MT

Location of Animals (Cty/St):

Condition on Arrival:

Purpose: General Diagnostic

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---------|----------|---------|
| ----- | ----- | ----- | ----- | ----- | ----- |

tissues were stained for a modified protease resistant protein (PrP-res) after processing in a hydrated autoclave. The tissues from this animal were positive for PrP-res. PrP-res is a molecular marker for the transmissible spongiform encephalopathies. Because this test is validated for brain and eyelid tissue, the results indicate the animal is infected with a transmissible spongiform agent.

Positive result on tonsil and/or lymph node. Formalin-fixed, paraffin-embedded tissues were stained for a modified protease resistant protein (PrP-res) after processing in a hydrated autoclave. The tissues from this animal were positive for PrP-res. PrP-res is a molecular marker for the transmissible spongiform encephalopathies. Because the test has not yet been completely validated on tonsil and lymph node, the results indicate the animal is probably infected with a transmissible spongiform agent.

Bruce V. Thomsen, D.V.M.
General Pathology and Pathology
Investigations Section
Pathobiology Laboratory

Distribution:
Submitter
7/08/2002

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
 1800 Dayton Road Ames, Iowa 50010
 Phone (515) 663-7288 Fax (515) 663-7397
 Laboratory Test Report Page 1 of 4

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
 1-800-877-8339

Date Received: 9/03/2002 Accession: 204431

Submitted By: CLARKE, RYAN Referral Number:
 2208 GREEN VALLEY DRIVE Retain Number:
 Date Collected: 8/29/2002
 Collected By: CLARKE,R./FREY.R.

BILLINGS, MT 59102
 Fax: Location of Animals (Cty/St):
 WIBAUX MT

Owner: WEYER, DEBBIE
 WIBAUX MT Condition on Arrival:
 F,IP
 Purpose: Developmental

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---------|----------|---------|
|---------|-----------|-----------|---------|----------|---------|

| | | | | | |
|--------|---|-----|-------|------------------------------------|-----|
| 597465 | 1 | 909 | SHEEP | FIXTIS | TSE |
| | | | PRPBR | Protease Resistant Protein - Brain | |
| | | | | Result: NOT DETECTED | |

PRPLN Protease Resistant Protein - Lymph Node
 Result: NOT DETECTED

PRPTN Protease Resistant Protein - Tonsil
 Result: NOT DETECTED

| | | | | | |
|--------|---|-----|-------|------------------------------------|-----|
| 597466 | 2 | 910 | SHEEP | FIXTIS | TSE |
| | | | PRPBR | Protease Resistant Protein - Brain | |
| | | | | Result: NOT DETECTED | |

PRPLN Protease Resistant Protein - Lymph Node
 Result: NOT DETECTED

PRPTN Protease Resistant Protein - Tonsil
 Result: NOT DETECTED

Distribution: /s/ Randall L. Levings, DVM Director
 Submitter: National Veterinary Services Laboratories
 9/25/2002

National Veterinary Services Laboratories
 1800 Dayton Road Ames, Iowa 50010
 Phone (515) 683-7268 Fax (515) 683-7397
 Laboratory Test Report Page 2 of 4

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
 1-800-877-8339

Date Received: 9/03/2002 Accession: 204431

Submitted By: CLARKE, RYAN Referral Number:
 2208 GREEN VALLEY DRIVE Retain Number:
 Date Collected: 8/29/2002
 Collected By: CLARKE, R./FREY, R.

BILLINGS, MT 59102

Fax: Location of Animals (Cty/St):
 WIBAUX MT

Owner: WEYER, DEBBIE
 WIBAUX MT Condition on Arrival:
 F,IP
 Purpose: Developmental

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---------|----------|---------|
|---------|-----------|-----------|---------|----------|---------|

END OF RESULTS

John P. Kluge, D.V.M., Ph.D., D.A.C.V.P
 General Pathology and Pathology
 Investigations Section
 Pathobiology Laboratory

DEFINITIONS OF DIAGNOSTIC NOMENCLATURE FOR TEST RESULTS:

PrP-res Not Detected. Based on current transmissible spongiform encephalopathy (TSE) research and pathogenesis studies, it is possible to have protease resistant prion protein (PrP-res) present at levels below the sensitivity of this test. It should also be noted that PrP-res may be present in tissues other than those that were examined. This analysis was performed and validated using scrapie positive brain tissues as controls.

Insufficient follicles. There was an insufficient number of lymphoid

Distribution: /s/ Randall L. Levings, DVM Director
 Submitter National Veterinary Services Laboratories
 9/25/2002

National Veterinary Services Laboratories
 1800 Dayton Road Ames, Iowa 50010
 Phone (515) 863-7266 Fax (515) 863-7397
 Laboratory Test Report Page 3 of 4

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
 1-800-877-8339

Date Received: 9/03/2002 Accession: 204431

Submitted By: CLARKE, RYAN Referral Number:
 2206 GREEN VALLEY DRIVE Retain Number:
 Date Collected: 8/29/2002
 Collected By: CLARKE, R./FREY, R.

BILLINGS, MT 58102
 Fax: Location of Animals (City/St):
 WIBAUX MT

Owner: WEYER, DEBBIE
 WIBAUX MT Condition on Arrival:
 F,IP
 Purpose: Developmental

This is not a billable case

NVSL ID Sample ID Animal ID Species Specimen Disease

follicles (less than 6) in the sample.

Unsuitable. No significant lymphoid tissue was present in the sample.

Positive result on brain and/or eyelid. Formalin-fixed, paraffin-embedded tissues were stained for a modified protease resistant protein (PrP-res) after processing in a hydrated autoclave. The tissues from this animal were positive for PrP-res. PrP-res is a molecular marker for the transmissible spongiform encephalopathies. Because this test is validated for brain and eyelid tissue, the results indicate the animal is infected with a transmissible spongiform agent.

Positive result on tonsil and/or lymph node. Formalin-fixed, paraffin-embedded tissues were stained for a modified protease resistant protein (PrP-res) after processing in a hydrated autoclave. The tissues from this animal were positive for PrP-res. PrP-res is a molecular marker for the transmissible spongiform encephalopathies. Because the test has not yet been completely validated on tonsil and lymph node, the results indicate the animal is probably infected with a transmissible spongiform agent.

Location: Although PrP-res was not detected in this sample, the brain specimen received was not from the preferred location recommended for testing (the medulla at the obex). Therefore, the significance of this result is unknown.

Distribution: /s/ Randall L. Levings, DVM Director
 Submitter National Veterinary Services Laboratories
 9/25/2002

Weyer 908

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 3

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 9/10/2002

Accession: 206688

Submitted By:

NORDEN, DR. DIANNE
USDA/APHIS/CEAH
MAILSTOP 2W4
2150 CENTRE DR. BLDG. B
FORT COLLINS, CO 80526-8117
Fax: 9704947269

Referral Number: VAL-0859
Retain Number:
Date Collected: 9/06/2002
Collected By: O'ROURKE

Location of Animals (Cty/St):

Owner:

MT

Condition on Arrival:

F

Purpose: Surveillance

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|------------------------------------|----------|---------|
| 604965 | | 1 | SHEEP | FIXTIS | TSE |
| | | PRPBR | Protease Resistant Protein - Brain | | |
| | | | Result: POSITIVE | | |

END OF RESULTS

Bruce V. Thomsen, D.V.M., Ph.D.
General Pathology and Pathology
Investigations Section
Pathobiology Laboratory

DEFINITIONS OF DIAGNOSTIC NOMENCLATURE FOR TEST RESULTS:

PrP-res Not Detected. Based on current transmissible spongiform encephalopathy (TSE) research and pathogenesis studies, it is possible to have protease resistant prion protein (PrP-res) present at levels below the sensitivity of this test. It should also be

Distribution:
Submitter
9/25/2002

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 9/10/2002

Accession: 206688

Submitted By:

NORDEN, DR. DIANNE
USDA/APHIS/CEAH
MAILSTOP 2W4
2150 CENTRE DR. BLDG. B
FORT COLLINS, CO 80526-8117
Fax: 9704947269

Referral Number: VAL-0859
Retain Number:
Date Collected: 9/06/2002
Collected By: O'ROURKE

Location of Animals (Cty/St):

Owner:

MT

Condition on Arrival:
F
Purpose: Surveillance

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---------|----------|---------|
|---------|-----------|-----------|---------|----------|---------|

noted that PrP-res may be present in tissues other than those that were examined. This analysis was performed and validated using scrapie positive brain tissues as controls.

Insufficient follicles. There was an insufficient number of lymphoid follicles (less than 6) in the sample.

Unsuitable. No significant lymphoid tissue was present in the sample.

Positive result on brain and/or eyelid. Formalin-fixed, paraffin-embedded tissues were stained for a modified protease resistant protein (PrP-res) after processing in a hydrated autoclave. The tissues from this animal were positive for PrP-res. PrP-res is a molecular marker for the transmissible spongiform encephalopathies. Because this test is validated for brain and eyelid tissue, the results indicate the animal is infected with a transmissible spongiform agent.

Positive result on tonsil and/or lymph node. Formalin-fixed, paraffin-embedded tissues were stained for a modified protease resistant protein (PrP-res) after processing in a hydrated autoclave. The tissues from this animal were positive for PrP-res. PrP-res is a molecular marker for the transmissible spongiform encephalopathies. Because the test has not yet been completely validated on tonsil and lymph node, the results indicate the animal is probably infected with a transmissible

Distribution:
Submitter
9/25/2002

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 3 of 3

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)

1-800-877-8339

Date Received: 9/10/2002

Accession: 206688

Submitted By:

NORDEN, DR. DIANNE

USDA/APHIS/CEAH

MAILSTOP 2W4

2150 CENTRE DR. BLDG. B

FORT COLLINS, CO 80526-8117

Fax: 9704947269

Referral Number: VAL-0859

Retain Number:

Date Collected: 9/06/2002

Collected By: O'ROURKE

Location of Animals (Cty/St):

Owner:

MT

Condition on Arrival:

F

Purpose: Surveillance

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---------|----------|---------|
|---------|-----------|-----------|---------|----------|---------|

spongiform agent.

Location: Although PrP-res was not detected in this sample, the brain specimen received was not from the preferred location recommended for testing (the medulla at the obex). Therefore, the significance of this result is unknown.

Distribution:
Submitter
9/25/2002

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 2

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 1/23/2004

Accession: 294495

Submitted By:
CLARK, DR. WILBER
208 N. MONTANA AVE.
SUITE 101
HELENA, MT 59601
Fax:

Referral Number: 108-2892 ADRU
Retain Number:
Date Collected: 9/10/2003
Collected By: ALVERSON, DR. J.
Location of Animals (Cty/St):

Owner: WEYER, DEBBIE
WIBAUX MT

Condition on Arrival:
BLOCK
Purpose: Surveillance

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|----------------------|---|----------|---------|
| 932016 | 108-2892 | 0221/592MT004-807/99 | SHEEP | FIXTIS | TSE |
| | | PRPBR | Protease Resistant Protein - Brain Result: NOT DETECTED | | |
| | | PRPLN | Protease Resistant Protein - Lymph Node Result: NOT DETECTED | | |
| | | PRPTN | Protease Resistant Protein - Tonsil Result: NOT DETECTED | | |

END OF RESULTS

Y. Niyo, D.V.M., M.S., Ph.D.
General Pathology and Pathology
Investigations Section
Pathobiology Laboratory

Distribution:
Submitter
1/30/2004

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 2 of 2

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 1/23/2004

Accession: 294495

Submitted By:
CLARK, DR. WILBER
208 N. MONTANA AVE.
SUITE 101
HELENA, MT 59601
Fax:

Referral Number: 108-2892 ADRU
Retain Number:
Date Collected: 9/10/2003
Collected By: ALVERSON, DR. J.

Location of Animals (Cty/St):

Owner: WEYER, DEBBIE
WIBAUX MT

Condition on Arrival:
BLOCK
Purpose: Surveillance

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---------|----------|---------|
|---------|-----------|-----------|---------|----------|---------|

TEST RESULT DEFINITIONS--NOT ALL DEFINITIONS MAY APPLY TO THIS CASE

PrP-res Not Detected. Based on current transmissible spongiform encephalopathy (TSE) research and pathogenesis studies, it is possible to have protease resistant prion protein (PrP-res) present at levels below the sensitivity of this test. It should also be noted that PrP-res may be present in tissues other than those that were examined. This analysis was performed and validated using scrapie positive brain tissues as controls.

Insufficient follicles. There was an insufficient number of lymphoid follicles (less than 6) in the sample.

Unsuitable. No significant lymphoid tissue was present in the sample.

Location: Although PrP-res was not detected in this sample, the brain specimen received was not from the preferred location recommended for testing (the medulla at the obex). Therefore, the significance of this result is unknown.

Distribution:
Submitter
1/30/2004_

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1800 DAYTON AVENUE
AMES, IOWA 50010
(515) 663-7212

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20).

PAGE _____ OF _____

SPECIMEN SUBMISSION

1. NAME OF SUBMITTER: *Dr. Wilbur Clark*

2. NAME OF OWNER: *Debbie Weyer*

MAILING ADDRESS (Street, City, State, and Zip Code): *USDA APHIS VS, 208 N. Montana Ave SE101, Helena, MT 59601*

CITY: *Wibaux* STATE: *MT*

3. LOCATION OF ANIMALS: COUNTY: _____ STATE: _____

Phone No. *406-449-5407* FAX No. *406-449-5439*

4. PAYMENT METHOD (* * * applicable item and provide information)

USER FEE ACCOUNT NO.: _____ MC/VISA NO.: _____

CHECK/MONEY ORDER ENCLOSED (Made payable to "USDA" in U.S. Dollars)

EXP. DATE: _____

5. HERD/FLOCK SIZE: _____

6. NO. IN HERD/FLOCK AFFECTED: _____

7. NO. IN HERD/FLOCK DEAD: _____

8. EXAMINATIONS REQUESTED: **Scrapie Test Validation Project**
Submission for Sheep Necropsy
Complete a 5-20 if not previously done for this project

9. COLLECTED BY: *K. O'Rourke*

10. DATE COLLECTED: *11-20-02*

11. AUTHORIZED BY: *K. O'Rourke*

12. PURPOSE OF SUBMISSION (* * one) (See instructions for definitions)

General Diagnostic Surveillance Import Interstate Movement

FAD/EP Diagnostic Developmental Research Export

NVSL Intralab Diagnostic Reagent Evaluation TB

13. COUNTRY OF ORIGIN/DESTINATION: _____

14. REFERRAL NUMBER: *VAL-0866*

15. PRESERVATION (* * applicable item(s))

None Ice Pack Dry Ice Formalin Borax Alcohol Other (specify) _____

16. SPECIMENS SUBMITTED (* * applicable item(s))

Blood Feces Parasite Serum Tissue Whole Bird Other (specify) _____

Culture Feed Plant Soil Urine Fetus

Extract Milk Semen Swab Water

17. TOTAL NUMBER OF SPECIMENS SUBMITTED: *4*

18. SPECIES OR SOURCE (* * one)

Cattle Goat Environment Chicken Bison _____ (specify)

Swine Horse Reagent Turkey Dog

Sheep Donkey Pet Bird Cat

19. NUMBER OF ANIMALS SAMPLED: *1*

MUST ENTER #17 and #19 !!!

| 20. IDENTIFICATION (See instructions) | | | | IDENTIFICATION (See instructions) | | | |
|---------------------------------------|------------------|-------------|----------|-----------------------------------|-----------------|-----|-----|
| Sample ID | Animal ID/Breed | Age | Sex | Sample ID | Animal ID/Breed | Age | Sex |
| <i>1</i> | <i>592 MT 32</i> | <i>2002</i> | <i>M</i> | <i>16</i> | | | |
| <i>2</i> | | | | <i>17</i> | | | |
| <i>3</i> | | | | <i>18</i> | | | |
| <i>4</i> | | | | <i>19</i> | | | |
| <i>5</i> | | | | <i>20</i> | | | |

21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary.)

QR mother

22. SIGNATURE OF SUBMITTER AND DATE

Tom Truncell & *Dr. Wilbur Clark* *11-20-02*

This page to Designated Scrapie Epidemiologist for review and to forward to CEAH for data entry

FAXED
11-20-02

NVSL ACCESSION NO

NVSL USE ONLY

| CONDITION | PRIORITY | DISTRIBUTION | RECEIVED BY |
|-----------|----------|--------------|-------------|
| | | | |

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010
Phone (515) 663-7266 Fax (515) 663-7397
Laboratory Test Report Page 1 of 2

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 12/20/2002

Accession: 229590

Submitted By:
NORDEN, DR. DIANNE
USDA/APHIS/CEAH
MAILSTOP 2W4
2150 CENTRE DR. BLDG. B
FORT COLLINS, CO 80526-8117
Fax: 9704947269

Referral Number: VAL-0866
Retain Number:
Date Collected: 11/20/2002
Collected By: O'ROURKE, K

Location of Animals (Cty/St):

Owner:

MT

Condition on Arrival:

F

Purpose: Surveillance

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|--|----------|---------|
| 674157 | | 1 | SHEEP | FIXTIS | TSE |
| | | PRPBR | Protease Resistant Protein - Brain Result: NOT DETECTED | | |

END OF RESULTS

John P. Kluge, D.V.M., Ph.D., D.A.C.V.P
General Pathology and Pathology
Investigations Section
Pathobiology Laboratory

DEFINITIONS OF DIAGNOSTIC NOMENCLATURE FOR TEST RESULTS:

PrP-res Not Detected. Based on current transmissible spongiform encephalopathy (TSE) research and pathogenesis studies, it is possible to have protease resistant prion protein (PrP-res) present

Distribution:
Submitter
1/06/2003

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

National Veterinary Services Laboratories
1800 Dayton Road Ames, Iowa 50010

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish)
1-800-877-8339

Date Received: 12/20/2002

Accession: 229590

Submitted By:
NORDEN, DR. DIANNE
USDA/APHIS/CEAH
MAILSTOP 2W4
2150 CENTRE DR. BLDG. B
FORT COLLINS, CO 80526-8117
Fax: 9704947269

Referral Number: VAL-0866
Retain Number:
Date Collected: 11/20/2002
Collected By: O'ROURKE, K

Location of Animals (Cty/St):

Owner:

MT

Condition on Arrival:

F

Purpose: Surveillance

This is not a billable case

| NVSL ID | Sample ID | Animal ID | Species | Specimen | Disease |
|---------|-----------|-----------|---------|----------|---------|
|---------|-----------|-----------|---------|----------|---------|

at levels below the sensitivity of this test. It should also be noted that PrP-res may be present in tissues other than those that were examined. This analysis was performed and validated using scrapie positive brain tissues as controls.

Insufficient follicles. There was an insufficient number of lymphoid follicles (less than 6) in the sample.

Unsuitable. No significant lymphoid tissue was present in the sample.

Location: Although PrP-res was not detected in this sample, the brain specimen received was not from the preferred location recommended for testing (the medulla at the obex). Therefore, the significance of this result is unknown.

Distribution:
Submitter
1/06/2003

/s/ Randall L. Levings, DVM Director
National Veterinary Services Laboratories

FORM APPROVED: OMB NUMBER 0575-0090

| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NATIONAL VETERINARY SERVICES LABORATORIES P.O. BOX 104, 1860 DAYTON AVENUE APRES, MONTANA 59810 (515) 463-7282 | | INSTRUCTIONS: Use a separate form for each species and each owner/breeder. See instructions for completing VS FORM 10-4 for definitions (Item 12) and instructions for identification (Item 20). | PAGE 06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|-----------|-----------------|-----|-----|-----------|-----------------|-----|-----|----------|---------------------------------|---------------|----------|----------|--|--|--|----------|---------------------------------|----------------|----------|----------|--|--|--|----------|--|--|--|----------|--|--|--|----------|--|--|--|----------|--|--|--|----------|--|--|--|-----------|--|--|--|
| SPECIMEN SUBMISSION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. NAME OF SUBMITTER <i>Wilbur Clarke</i> | | 2. NAME OF OWNER <i>Debbie Weyer</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAILING ADDRESS (Street, City, State, and Zip Code) <i>USDA APHIS VS 208 N. Montana Ave SK101 Helena, MT 59601</i> | | CITY <i>Wibaux</i> | STATE <i>MT</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone No. _____ FAX No. _____ | | 3. LOCATION OF ANIMALS COUNTY _____ STATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. PAYMENT METHOD (*X applicable items and provide information) <input type="checkbox"/> USER FEE ACCOUNT NO. _____ <input type="checkbox"/> MOVISA NO. _____ | | EXP. DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> CHECK/MONEY ORDER ENCLOSED (Make payable to "USDA" in U.S. Dollars) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. HERD/FLOCK SIZE | 6. EXAMINATIONS REQUESTED Scrapie Test Validation Project Submission for Sheep Necropsy Complete a 5-20 if not previously done for this project | | 8. COLLECTED BY <i>K. O'Rourke / J. Alversen</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. NO. IN HERD/FLOCK AFFECTED | | | 10. DATE COLLECTED <i>10-23-03</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. NO. IN HERD/FLOCK DEAD | | | 11. AUTHORIZED BY <i>K. O'Rourke</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. PURPOSE OF SUBMISSION (*X and (See instruction for definition) <input type="checkbox"/> General Diagnostic <input type="checkbox"/> Surveillance <input type="checkbox"/> Import <input type="checkbox"/> Interstate Movement <input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> Developmental Research <input type="checkbox"/> Export <input type="checkbox"/> Movement <input type="checkbox"/> NVSL In-house Diagnostic <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> TB | | 13. COUNTRY OF ORIGIN/DESTINATION _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. PRESERVATION (*X applicable item(s) <input type="checkbox"/> None <input type="checkbox"/> Ice Pack <input type="checkbox"/> Dry Ice <input checked="" type="checkbox"/> Swab <input type="checkbox"/> Bone <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (specify) _____ | | 14. REFERRAL NUMBER <i>VAL-1002</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. SPECIMENS SUBMITTED (*X applicable item(s) <input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Whole Bird <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Culture <input type="checkbox"/> Food <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus <input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input type="checkbox"/> Swab <input type="checkbox"/> Water | | 17. TOTAL NUMBER OF SPECIMENS SUBMITTED <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. SPECIES OR SOURCE (*X one) <input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Environment <input type="checkbox"/> Chicken <input type="checkbox"/> Pig <input type="checkbox"/> _____ <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Reagent <input type="checkbox"/> Turkey <input type="checkbox"/> Dog <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Per Bird <input type="checkbox"/> Cat <input type="checkbox"/> _____ | | 19. NUMBER OF ANIMALS SAMPLED <i>2</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. IDENTIFICATION (See instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Sample ID</th> <th>Animal ID/Breed</th> <th>Age</th> <th>Sex</th> <th>Sample ID</th> <th>Animal ID/Breed</th> <th>Age</th> <th>Sex</th> </tr> </thead> <tbody> <tr> <td><i>1</i></td> <td><i>MT0592-0037 MTSC0251</i></td> <td><i>5-2-02</i></td> <td><i>F</i></td> <td><i>6</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>2</i></td> <td><i>MT0572-0012 MTSC0216</i></td> <td><i>3-21-01</i></td> <td><i>F</i></td> <td><i>7</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>3</i></td> <td></td> <td></td> <td></td> <td><i>8</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>4</i></td> <td></td> <td></td> <td></td> <td><i>9</i></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>5</i></td> <td></td> <td></td> <td></td> <td><i>10</i></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Sample ID | Animal ID/Breed | Age | Sex | Sample ID | Animal ID/Breed | Age | Sex | <i>1</i> | <i>MT0592-0037 MTSC0251</i> | <i>5-2-02</i> | <i>F</i> | <i>6</i> | | | | <i>2</i> | <i>MT0572-0012 MTSC0216</i> | <i>3-21-01</i> | <i>F</i> | <i>7</i> | | | | <i>3</i> | | | | <i>8</i> | | | | <i>4</i> | | | | <i>9</i> | | | | <i>5</i> | | | | <i>10</i> | | | |
| Sample ID | Animal ID/Breed | Age | Sex | Sample ID | Animal ID/Breed | Age | Sex | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>1</i> | <i>MT0592-0037 MTSC0251</i> | <i>5-2-02</i> | <i>F</i> | <i>6</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>2</i> | <i>MT0572-0012 MTSC0216</i> | <i>3-21-01</i> | <i>F</i> | <i>7</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>3</i> | | | | <i>8</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>4</i> | | | | <i>9</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>5</i> | | | | <i>10</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, etc. Use additional sheets if necessary.) <i>1 QQ</i> <i>2 QQ</i> <i>animals arrived 9-28-02 1-27</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. SIGNATURE OF SUBMITTER AND DATE <i>K. O'Rourke by Tom Truitt 10-23-03</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NVSL USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONDITION | PRIORITY | DISTRIBUTION | RECEIVED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NVSL ACCESSION NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

MUST ENTER #17 and #19 !!!

This page to Designated Scrapie Epidemiologist for review and to forward to CEAH for data entry

Negative on both for Scrapie in brain.