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OMB Approved  
0579-0090, 0579-0101,  
and 0579-0212

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL VETERINARY SERVICES LABORATORIES  
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010  
(515) 337-7514**

**SPECIMEN SUBMISSION**

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OF

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. <b>SUBMITTER NAME (including Business Name)</b>  <b>OWNER OR VETERINARIAN</b>		2. NVSL SUBMITTER ID	3. <b>NAME OF OWNER</b> <input type="checkbox"/> Check if wildlife (no owner)
EMAIL ADDRESS skeller@nd.gov		<b>OWNER CITY</b>	<b>STATE/COUNTRY</b>
PHONE NO. 701-328-2655 FAX NO. 701-328-4567		<b>4. LOCATION OF ANIMALS</b>	
MAILING ADDRESS (Street, City, State, ZIP Code)  <b>SUBMITTER'S INFORMATION</b>		PREMISES ID	
		<b>COUNTY</b>	<b>STATE/COUNTRY</b>

**5. PAYMENT METHOD**

<input type="checkbox"/> <b>USER FEE ACCOUNT NO.</b>	<input type="checkbox"/> <b>CHECK/MONEY ORDER</b> (Enclosed, payable to USDA in US dollars)	<input type="checkbox"/> <b>Number:</b> <b>CREDIT CARD</b> <b>Exp. Date:</b>
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6. HERD/FLOCK SIZE	9. EXAMINATIONS REQUESTED  CWD -  <b>PROGRAM</b>	10. COLLECTED BY
7. NO. IN HERD/FLOCK AFFECTED		11. DATE COLLECTED
8. NO. IN HERD/FLOCK DEAD		12. AUTHORIZED BY Dr. Lynn Tesar, USDA-APHIS-VS
13. PURPOSE OF SUBMISSION (See instructions for definitions)		14. COUNTRY OF ORIGIN/DESTINATION USA
<input type="checkbox"/> Interstate Movement <input type="checkbox"/> Import <input type="checkbox"/> TB <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> Export <input type="checkbox"/> FAD/EP Diagnostic <input checked="" type="checkbox"/> General Diagnostic <input type="checkbox"/> NVSL Intralab <input type="checkbox"/> Pre-Import <input type="checkbox"/> Surveillance <input type="checkbox"/> Developmental Research		15. REFERRAL NUMBER FROM ANIMAL HEALTH DIVISION: <b>CALL US</b>

16. PRESERVATION  
 None    Ice Pack    Dry Ice    Formalin    Borax    Alcohol    Other (Specify)

17. SPECIMENS SUBMITTED ("X" applicable item(s))	18. TOTAL NUMBER OF SPECIMENS SUBMITTED
<input type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input checked="" type="checkbox"/> Tissue (specify) <input type="checkbox"/> Whole Animal <input type="checkbox"/> Other (specify) <input type="checkbox"/> Culture <input type="checkbox"/> Feed <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 (specify) <input type="checkbox"/> Water <input type="checkbox"/> DNA/RNA	

19. <b>SPECIES OR SOURCE ("X" ONLY one)</b>	20. NUMBER OF ANIMALS SAMPLED
<input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Chicken <input type="checkbox"/> Bison <input type="checkbox"/> Fish <input type="checkbox"/> Other (specify) <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Turkey <input type="checkbox"/> Deer (specify) <input type="checkbox"/> Environment <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Other bird (specify) <input type="checkbox"/> Elk <input type="checkbox"/> Reagent	

21. IDENTIFICATION (See instructions <250 samples per form)					IDENTIFICATION				
Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex

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

**INCLUDE CAUSE OF DEATH**

23. SIGNATURE OF SUBMITTER AND DATE  X				<b>NVSL USE ONLY</b>	
<b>NVSL USE ONLY</b>					
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY		