displays a valid OMB contr is estimated to average 10	ol number. The valid OMB control number	conduct or sponsor, and a person is not required to respond to, a collection of information or this information collection is 0579-0146. The time required to complete this information reviewing instructions, searching existing data sources, gathering and maintaining the data sources and the second s				collection	tion 0579.0146	
UNITED STATES ANIMAL AND PLAN NATIONAL VETER	DEPARTMENT OF AGRICULTURE NT HEALTH INSPECTION SERVICE INARY SERVICES LABORATORIES DAYTON AVENUE, AMES, IA 5001 515-337-7514	SPECIMEN COLLECTION Bovine Tuberculosis Reactors, Suspects, and Trace-Exposed				Use this form only as a supplement to VS Form 10-4. See reverse for instructions.		
1. SUBMITTER NAME	(INCLUDING BUSINESS NAME)	2. NVSL SUBMITTER ID		ER ID	3. OWNER NAME		VILDLIFE (<i>N</i> C) OWNER)
4. IDENTIFICATION								
4. IDENTIFICATION OFFICIAL ANIMAL ID		HERD/MANAGEMEN	T TAG	BREED/SF	PECIES		AGE	SEX
TRACE-EXPOSED AN	IMAL?	FROM WHICH AFFECTED HERD (NAME OR STATE)						
YES								
□ NO								
5. PRIOR TEST RESU CAUDAL FOLD (CFT)	ILTS (CHECK APPROPRIATE BOX)							
SINGLE CERVICAL TE	EST (SCT) DOSITIVE	E DINEGATIVE DINOT DON						
COMPARATIVE CERV					□ NOT DONE			
INTERFERON GAMM/ DPP	A ELISA RESULT TEST RESULTS				□ NOT DONE			
OTHER ANTEMORTE	M TEST RESULTS							
6. EXAMINE AND SUBMIT THE FOLLOWING LYMPH NODES (LN):								
SAMPLE ID	LN	CHECK BOX IF NO GROSS LESIONS (<i>NGL</i>)	DESCRIBE LESIONS, IF PRESENT					
	HEAD LN POOL							
	MEDIAL RETROPHARYNGEAL	□ NGL						
	LATERAL RETROPHARYNGEAL	□ NGL						
	MANDIBULAR	□ NGL						
	PAROTID	🗆 NGL						
	THORACIC LN POOL							
	TRACHEOBRONCHIAL							
CRANIAL, MIDDLE, CAUDAL MEDIASTINAL								
	ABDOMINAL LN POOL							
	MESENTERIC							
	HEPATIC	□ NGL						
7. EXAMINE THE FOLLOWING TISSUES BUT SUBMIT ONLY IF LESIONED: LUNG, PLEURA, LIVER, SPLEEN, OVARIES, UTERUS, PRESCAPULAR LN, CERVICAL LN, POPLITEAL LN, MAMMARY LN, AND/OR ILIAC LN								
SAMPLE ID	BRIEF DESCRIPTION OF LESION		,	,	,			

VS FORM 10-7 INSTRUCTIONS

THIS FORM IS INTENDED AS A SUPPLEMENT TO VS FORM 10-4 AND MUST BE ACCOMPANIED BY VS FORM 10-4. ALL information must be printed legibly or typed. USE A SEPARATE FORM FOR EACH ANIMAL.

1 and 2. SUBMITTER CONTACT INFORMATION

Enter the submitter's business name/affiliation and NVSL Submitter ID (*if available*) exactly as entered on VS Form 10-4.

3. OWNER INFORMATION

Enter the name of the animal owner as entered on VS Form 10-4.

4. IDENTIFICATION

<u>Sample ID</u> – Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.

<u>Official Animal ID</u> – Record the animal's national identification tag number. NOTE: Laboratory results will be reported by animal identification number.

<u>Herd/Management Tag</u> – Record the identification used within the herd or management system.

<u>Breed</u> – Enter the animal breed or species (*e.g., Holstein, Angus, Fallow Deer*).

<u>Age</u> – Indicate the approximate age in years (*y*) or months (*m*). <u>Sex</u> – Indicate the sex, male (*M*), or female (*F*).

5. PRIOR TEST RESULTS

Enter the results of prior tests and examinations performed on the animal.

6. EXAMINE AND SUBMIT LYMPH NODES

Examine and submit the indicated lymph nodes. Check whether lesions were noted on each tissue and add any pertinent comments.

Unless otherwise directed by a USDA tuberculosis epidemiologist, use separate containers for head, thoracic, and abdominal lymph nodes from the animal, including those with no gross lesions.

Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.

7. EXAMINE OTHER TISSUES. SUBMIT ONLY IF LESIONS ARE

FOUND. Examine each tissue listed in this section but submit samples only if lesions are found. Submit lesioned tissues in separate containers from lymph nodes listed in Block 6. Provide a brief description of the lesions found on each submitted tissue.

The FSIS Guidebook may be helpful for identifying tuberculosis lesions:

See <u>www.aphis.usda.gov/animal health/animal diseases/tuberculosis/</u> <u>downloads/tb_guidebook.pdf</u> for instructions on submitting tuberculosis lesions and/or thoracic granulomas.

I. TISSUE SELECTION AND PRESERVATION

- A. AVOID CONTAMINATION: Remove excess fat.
- B. Divide lesions in half. Place one portion in formalin for histopathology and place the remaining portion in borate or whirl-pack for culture.
- C. HISTOLOGY PORTION: Cut specimen, including normal tissue surrounding lesion, into slices approximately 1 cm (½ inch) thick. Prior to placing in formalin.
- D. CULTURE PORTION: Place the intact portion of the sample into borate or whirl-pack. Do NOT cut the sample into slices.
 E. Maximum tissue to preservative ration: Formalin 1:10
 - Borate 1:1

II. IDENTIFYING DEVICES

If the identifying devices will not be held locally, place the identifying devices from each animal in a plastic bag, and send to the NVSL in the box with the specimens.

III. SHIPPING SAMPLES

- A. Shipping containers are available from the NVSL. Contact the shipping department at 515-337-7530 or NCAH.Shipping@aphis.usda.gov.
- B. No refrigeration is required for borate or formalin. Ice packs are required for fresh tissue. DO NOT FREEZE; freezing ruins specimens.
- C. PREVENT LEAKAGE: Tighten and tape caps.
- D. SECONDARY CONTAINER: Place samples in a leak-proof bag.
- E. ABSORBENT PAD: Place absorbent material in bag with samples to absorb any leakage.
- F. IDENTIFYING DEVICES: Place in separate plastic bag with samples.
- G. SHIPPING CONTAINER- Insert sealed secondary container into an approved diagnostic shipping container and seal.
- H. SUBMISSION FORMS: Place between sealed secondary container and outside mailer.
- I. RETURN ADDRESS: Provide complete return address on mailing label.

Ship submissions to:

USDA, APHIS NATIONAL VETERINARY SERVICES LABORATORIES 1920 DAYTON AVE AMES, IOWA 50010 TELEPHONE NUMBER: 515-337-7212

IV. ADDITIONAL GUIDANCE

For questions regarding histology, contact the NVSL Pathobiology Laboratory at 515-337-7912. For questions regarding bacteriology, contact the NVSL Diagnostic Bacteriology Laboratory at 515-337-7388.