



SAC/SMS/1/09 SCRAPIE MONITORING SCHEME



Submission of sheep or goat carcase/head to VLA/SAC laboratories for private testing of fallen stock over 18 months of age

Please use a separate form for each carcase/head submitted. (Note: Form SS2 is completed by Defra's agents for fallen stock submitted under the Defra fallen stock survey.)

<div style="background-color: black; color: white; padding: 5px;">A</div> <p>For completion by Veterinary Surgeon submitting material</p> <ul style="list-style-type: none"> All monitored samples should be identified with a unique tag or tattoo <p>Name and address of animal's owner</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 20px;">Postcode</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 50%;">CPH No.</td> <td style="width: 50%;">Flock/Herd Mark</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p>Address of Veterinary Practice submitting sample</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 20px;">Postcode</div> </div> <p>Submitted by:</p> <p>Signature <input style="width: 80%;" type="text"/></p> <p>Name in <input style="width: 80%;" type="text"/></p> <p>BLOCK LETTERS</p> <p><input style="width: 80%;" type="text"/></p> <p>Address of Animal Health Divisional Office</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: right; margin-right: 20px;">Postcode</div> </div> <p>List all identification marks of sheep/goat* to be tested (*delete as necessary)</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; height: 30px;"></div> <p>Sex Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Date of Birth <input style="width: 40%;" type="text"/> Date of Death <input style="width: 40%;" type="text"/></p> <p>Broken Mouth Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Number of individual permanent incisor teeth <input style="width: 30px;" type="text"/></p>	CPH No.	Flock/Herd Mark			<div style="background-color: black; color: white; padding: 5px;">B</div> <p>For completion at VLA/SAC laboratory receiving carcase/head</p> <p>Carcase/head received at <input style="width: 80%;" type="text"/></p> <p>Date <input style="width: 40%;" type="text"/> Time <input style="width: 40%;" type="text"/></p> <p>Lab Reference <input style="width: 80%;" type="text"/> ID if different from section A <input style="width: 80%;" type="text"/></p> <p>Standard samples to be taken: (tick box) Time <input style="width: 40%;" type="text"/></p> <p>Fixed Obex <input type="checkbox"/> Fresh caudal medulla <input type="checkbox"/></p> <p>Fixed Cerebellum <input type="checkbox"/> Fresh Cerebellum <input type="checkbox"/></p> <p>Other (please specify) <input style="width: 80%;" type="text"/></p> <p>Signature <input style="width: 80%;" type="text"/> Date <input style="width: 40%;" type="text"/></p> <p>Fresh Caudal Medulla sent to <input style="width: 80%;" type="text"/></p> <p>Signature <input style="width: 80%;" type="text"/> Date <input style="width: 40%;" type="text"/></p>																				
CPH No.	Flock/Herd Mark																								
<div style="background-color: black; color: white; padding: 5px;">C</div> <p>For completion at diagnostic laboratory</p> <p>Brain received at <input style="width: 80%;" type="text"/></p> <p>By <input style="width: 80%;" type="text"/> Date <input style="width: 40%;" type="text"/></p> <p>Processed by <input style="width: 80%;" type="text"/> Date <input style="width: 40%;" type="text"/></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 15%;">Result:</th> <th style="width: 15%;">ICC</th> <th style="width: 15%;">Hist</th> <th style="width: 15%;">Western Blot</th> <th style="width: 15%;">Other</th> <th style="width: 15%;">Biorad</th> </tr> </thead> <tbody> <tr> <td>Positive:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Negative:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Inconclusive:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table> <p>Comments</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; height: 40px;"></div> <p>Signature <input style="width: 80%;" type="text"/> Date <input style="width: 40%;" type="text"/></p> <p>If any test results are positive, copy this form to VSM (TSEs), Animal Health, Central Operations, Worcester</p>		Result:	ICC	Hist	Western Blot	Other	Biorad	Positive:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Negative:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Inconclusive:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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