



SAMPLE SUBMISSION FORM

Please check one	<input type="checkbox"/> National Voluntary Scrapie Flock Certification Program <input type="checkbox"/> Alberta Scrapie Program	Species: <input type="checkbox"/> Sheep <input type="checkbox"/> Goat
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Producer Information

Owner:	Farm:	
Address:	City/Town: Province:	
Postal Code:	Telephone: ()	Fax: ()

Legal Land Description of the Home Quarter:	__ __ __ __ __ __ __ __ __ _W_ __ <i>Quarter Section Township Range Meridian</i>	Total Number of Mature Sheep/Goats:
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Veterinarian/Clinic (if sample collected by a veterinarian)

Veterinarian:	Clinic:		
Address:	City/Town: Province:		
Postal Code:	Telephone: ()	Fax: ()	Signature:

Animal Information (See additional page when submitting more than one sample)

CSIP-ID (ear tag #)	Other ID	Tattoo	Date of Death	Age	Sex (M/F)	Sample/head collected by:	Sample Type	Sample collected at:
						Veterinarian: <input type="checkbox"/> Yes <input type="checkbox"/> No Breed:	<input type="checkbox"/> Head <input type="checkbox"/> Brainstem <input type="checkbox"/> Obex <input type="checkbox"/> RPLN-tonsil	<input type="checkbox"/> Farm <input type="checkbox"/> Abattoir <input type="checkbox"/> Other

History

Clinical Signs	Duration of signs	Treated
<input type="checkbox"/> Weight loss <input type="checkbox"/> Incoordination <input type="checkbox"/> Abnormal gait/walk <input type="checkbox"/> Abnormal behavior <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than a week <input type="checkbox"/> More than a week, less than 6 months <input type="checkbox"/> More than 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Release of Test Results and CFIA Confirmatory Testing

I authorize a representative of Alberta Agriculture to forward a copy of the client report containing the Scrapie test results for the sheep (s)/goat (s) identified on this submission form to the National Scrapie Coordinator and the CFIA. I understand that in the event of an inconclusive, or a non-negative Bio-Rad test result, the CFIA will be notified and will take responsibility for confirmatory testing and other responses under the *Health of Animals Act*.

Producer Signature	For Office Use Only
Name:	Submission Number:
Signature:	Date received:
Date:	

The information that may identify you on this form is collected under the authority of s. 33(c) of the Freedom of Information and Privacy Act (Alberta) and the Access to Information Act and Privacy Act (Canada) and is subject to the provisions of those acts. If you have any questions on the collection, use or disclosure of your information, please contact the Program Veterinarian at #917-6909 116 Street, Edmonton Alberta T6H 4P2, telephone (780) 644-2148.

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Information on Additional Samples

Please check one	<input type="checkbox"/> National Voluntary Scrapie Flock Certification Program <input type="checkbox"/> Alberta Scrapie Program	Species: <input type="checkbox"/> Sheep <input type="checkbox"/> Goat
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Submission Number:	Date received:
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