USDA CSF Surveillance Submission Form for Diagnostic Laboratories
Instructions for Filling Out Form

1. **Submitting Laboratory Info:**
   a. **Lab ID:** Enter the OIDS number of the diagnostic laboratory that is submitting the specimen to the NAHLN for CSF testing.
   b. **Laboratory Name:** Enter the formal name of the diagnostic laboratory that is submitting the specimen to the NAHLN for CSF testing.

2. **Testing Laboratory Info:**
   a. **Laboratory ID:** Enter the OIDS number for the NAHLN lab that will be testing the specimen for CSF.
   b. **Laboratory Name:** Enter the formal name of the NAHLN lab that will be testing the specimen for CSF.

3. **Page ___ of ___:** Enter the appropriate page number of the current page out of the number of total pages being submitted.

4. **CSF Referral Number:** Write in the Referral Number. The number must be a unique identifier for the submission that will not be duplicated in any other CSF surveillance submissions. The APHIS suggested format consists of 12 characters:
   - The first two characters indicate the State code, e.g. CO (Colorado) or IA (Iowa),
   - The next three characters are the collector's initials (First, Middle, Last) – if the collector does not have a middle name, skip the middle character,
   - The next 6 characters are the collection date: MMDDYY, e.g. 103105 (October 31, 2005),
   - The last character is a letter representing which submission form of the day it is for the collector, e.g. A (first), B (second), etc.

   Examples:
   COSAJ060104A: This submission is from Colorado, the submitter is Steven Allen Jones, the sample was collected on June 1, 2004, and it is the first submission of the day.
   COSAJ060104B: This would be the CSF Referral Number for the second submission by that submitter for that day.

5. **Specimen Information:**
   a. **Submitting Lab Accession #:** Enter the accession number used at your laboratory. The same accession number can be used for more than one specimen if the specimens are from the same animal.
   b. **Animal ID:** Enter identification tag or number from the animal.
   c. **Submitting Practitioner Information:** Enter in the full name (last, first), phone number, and zip code of the submitting practitioner.
   d. **Production Site Info:**

       1. **National Premise ID:** Enter the national premise ID number assigned by NAIS for the production site where the animal(s) sampled is from.

       2. **State, Zip:** Enter the State and zip code of the production site.

   e. **Date collected:** Enter in the date the specimen(s) was collected in <u>MM</u>/<u>DD</u>/<u>YY</u> format.

   f. **Specimen bar code:** Place the bar code label here that corresponds to the label that is placed on the specimen. A different bar code should be used for each specimen, even for specimens from the same animal.

   g. **Specimen type:** Circle only one of the types of specimens that are being submitted for testing:

       1. Nasal Swab
       2. Tonsil scraping
       3. Tonsil
       4. Other specimen, please specify

   h. **Reason for submission:** Circle only one of the reasons for why the specimen is being submitted (key also located on the form):

       1. Submission with Septicemia
       2. Submission with CNS signs
       3. Submission with Abortions
       4. General swine submission

6. Repeat Steps 5a-5h for each specimen being submitted.

    If multiple specimens from the same animal are being submitted:

- each specimen should receive its own bar code,
- production site information and submitting practitioner information do not need to be re-entered on the form after the initial entry for that animal.

7. <u>Date Samples Shipped to Testing Lab:</u> Enter the date this form and the specimen(s) are shipped to the NAHLN testing laboratory in <u>MM</u>/<u>DD</u>/<u>YY</u> format.

8. <u>Number of Samples Shipped:</u> Enter the total number of specimens in this shipment.

9. <u>Name of Submitter:</u> The person filling out the form and shipping the specimen(s) should sign or print their name on the bottom of the form.

CSF Submission Form for Diagnostic Laboratories

CSF Surveillance Submission Form for Diagnostic Laboratories		Page of
Submitting Laboratory Info: Laboratory ID:2.16.840.1.113883.3.5.1.▮ Laboratory Name:_____	**Testing Laboratory Info:** Laboratory ID:2.16.840.1.113883.3.5.1.▮ Laboratory Name:_____	**CSF Referral Number:**

Pig 1 | Submitting Lab Accession #: | Animal ID:

Submitting Practitioner Information		Production Site Info		
Name: Last, First	**State:**	**National Prem ID**	**State**	**Zip**
Phone:	**Zip:**	**Date Collected:** ___ mm ___ / ___ dd ___ / ___ yyyy ___		

Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	**Reason for Submission** (Circle one only)
1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission

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Pig 2 | Submitting Lab Accession #: | Animal ID:

Submitting Practitioner Information		Production Site Info		
Name: Last, First	**State:**	**National Prem ID**	**State**	**Zip**
Phone:	**Zip:**	**Date Collected:** ___ mm ___ / ___ dd ___ / ___ yyyy ___		

Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	**Reason for Submission** (Circle one only)
1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission

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Pig 3 | Submitting Lab Accession #: | Animal ID:

Submitting Practitioner Information		Production Site Info		
Name: Last, First	**State:**	**National Prem ID**	**State**	**Zip**
Phone:	**Zip:**	**Date Collected:** ___ mm ___ / ___ dd ___ / ___ yyyy ___		

Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	**Reason for Submission** (Circle one only)
1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission

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Pig 4 | Submitting Lab Accession #: | Animal ID:

Submitting Practitioner Information		Production Site Info		
Name: Last, First	**State:**	**National Prem ID**	**State**	**Zip**
Phone:	**Zip:**	**Date Collected:** ___ mm ___ / ___ dd ___ / ___ yyyy ___		

Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	Place specimen barcode here and then select specimen type below	**Reason for Submission** (Circle one only)
1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:_____	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:_____	1. Nasal swab 2.Tonsil scraping 3. Tonsil 4.Other:_____	1. Septicemia 2. CNS signs 3. Abortions 4. General swine submission

Date Samples Shipped to Testing Lab: _____/_____/_____   Number of Samples Shipped: _____

Name of Submitter: _____

Designated Laboratory, Shipping Address and Contact Information for VDLs

Arizona Veterinary Diagnostic Laboratory 2831 N. Freeway Tucson, AZ 85705	Dr. Greg Bradley Phone: 520-621-2356 Fax: 520-626-8696 gabrad@ag.arizona.edu
California Animal Health & Food Safety Lab University of California, School of Veterinary Medicine W. Health Science Drive Davis, CA 95616	Dr. Sharon Hietala Phone: 530-752-4739 Fax: 530-752-5680 skhietala@ucdavis.edu
Colorado State University Veterinary Diagnostic Laboratory College of Veterinary Medicine & Biomedical Sciences 300 West Drake Fort Collins, CO 80523	Dr. Barbara Powers Phone: 970-297-1285 Fax: 970-297-0320 barb.powers@colostate.edu
Kissimmee Diagnostic Laboratory Florida Department of Agriculture 2700 N. John Young Parkway Kissimmee, FL 34741	Kindra Kelly-Quagliana Phone: 321-697-1447 Fax: 321-697-1467 kellyk@doacs.state.fl.us
University of Georgia Veterinary Diagnostic Laboratory 43 Brighton Road Tifton, GA 31793-3000	Julie Musgrove Phone: 229-386-3340 Fax: 229-386-3399 jmusgrov@uga.edu
Athens Veterinary Diagnostic Laboratory University of Georgia College of Veterinary Medicine Building 1079 Athens, GA 30602	Dr. Doris Miller Phone: 706-542-5568 Fax: 706-542-5977 miller@vet.uga.edu
Iowa State University Veterinary Diagnostic Laboratory 1600 S. 16th St. Ames, IA 50011	Dr. Kyoung-Jin Yoon & Karen Harmon Phone: 515-294-1950 Fax: 515-294-3564 kyoon@iastate.edu kharmon@iastate.edu

Illinois Department of Agriculture, Animal Disease Galesburg Animal Disease Laboratory 2100 S. Lake Storey Rd Galesburg, IL 61401-5858	Mr. Greg Fritz Phone: 309-344-2451 Fax: 309-344-7358 greg.fritz@illinois.gov
Purdue University Animal Disease Diagnostic Lab 406 South University St. West Lafayette, IN 47907	Dr. Ramesh Vemulapalli Phone: 765-494-7560 Fax: 765-494-9181 rvemulap@purdue.edu
Kansas State Veterinary Diagnostic Laboratory Kansas State University, CVM L232 Mosier Hall, 1800 Dennison Ave Manhattan, KS 66506	Dr. Dick Oberst Phone: 785-532-4411 Fax: 785-532-4039 oberst@vet.k-state.edu
Breathitt Veterinary Center Murray State University 715 North Drive Hopkinsville, KY 42240	Dr. Shri Singh Phone: 270-886-3959 Fax: 270-886-4295 shri.singh@murraystate.edu
Louisiana Animal Disease Diagnostic Laboratory Veterinary Medicine Diagnostic Laboratory, LSU 111 Dalrymple Bldg, P.O. Box 25070 Baton Rouge, LA 70803	Dr. Kim Bowles Phone: 225-578-9777 Fax: 225-578-9784 kashannon@mail.vetmed.lsu.edu
Diagnostic Center of Population and Animal Health Michigan State University 4125 Beaumont Rd, Ste 201H Lansing, MI 48910	Dr. Annabel Wise Phone: 517-432-5794 Fax: 517-432-5836 wise@dcpah.msu.edu
University of Minnesota Veterinary Diagnostic Lab 1333 Gortner Ave, 244 Vet D L St. Paul, MN 55108	Carrie Wees Phone: 612-625-2212 Fax: 612-624-8707 mahlu001@umn.edu
Mississippi Veterinary Research & Diagnostic Laboratory 3137 Hwy 468 West Pearl, MS 39208	Dr. Mike Zhang Phone: 601-420-4700 Fax: 601-354-6209 mzhang@cvm.msstate.edu
Montana Veterinary Diagnostic Laboratory P.O. Box 997 Marsh Laboratory, 19th and Lincoln Bozeman, MT 59771	Dr. Jeffrey Marshall Phone: 406-994-6346 Fax: 406-994-6344 jmarshall@mt.gov

Rollins Diagnostic Laboratory North Carolina Department of Agriculture 2101 Blue Ridge Rd. Raleigh, NC 27607	Dr. Gene Erickson Phone: 919-733-3986 Fax: 919-733-0454 gene.erickson@ncmail.net
Veterinary Diagnostic Laboratory North Dakota State University Van Es Hall Fargo, ND 58105	Nancie Hergert Phone: 701-231-8306 Fax: 701-231-7514 nancie.hergert@ndsu.edu
Veterinary Diagnostic Center University of Nebraska 137 VDC UNL Lincoln, NE 68583-0907	Dr. Judi Galeota Phone: 402-472-9416 Fax: 402-472-3094 jgaleota@unlnotes.unl.edu
New Jersey Dept of Agriculture Division of Animal Health State Diagnostic Lab, H & A Building Rm 201 John Fitch Plaza, P.O. Box 330 Trenton, NJ 08625	Dr. Denise DiCarlo-emery Phone: 609-777-0139 Fax: 609-777-8395 aghdica@ag.state.nj.us
New Mexico Department of Agriculture Veterinary Diagnostic Services 700 Camino de Salud, NE Albuquerque, NM 87106	Dawn Bueschel Phone: 505-841-2576 Fax: 505-841-2518 dbueschel@nmda.nmsu.edu
Animal Health Diagnostic Center Cornell University, College of Veterinary Medicine S3 110 Schurman Hall Upper Tower Rd. Ithaca, NY 14853	Dr. Sung Guk Kim, Phone: 607-2533839 sgk1@cornell.edu
Ohio Department of Agriculture Animal Disease Diagnostic Laboratory 8995 E. Main Street, Building 6 Reynoldsburg, OH 43068	Dr. Yan Zhang Phone: 614-728-6220 Fax: 614-728-6310 yzhang@mail.agri.state.oh.us
Oklahoma Animal Disease Diagnostic Laboratory Oklahoma State Univ. College of Veterinary Medicine Farm & Ridge Road Stillwater, OK 74078	Dr. Emily Cooper Phone: 405-744-3620 Fax: 405-744-8612 emily.cooper@okstate.edu

Oregon State University Veterinary Diagnostic Laboratory Oregon State Univ. College of Veterinary Medicine 30th & Washington Way Corvallis, OR 97331	Dr. Rocky Baker Phone: 541-737-2172 Fax: 541-737-6817 rocky.baker@oregonstate.edu
Pennsylvania Veterinary Laboratory Pennsylvania Department of Agriculture 2305 N. Cameron Street Harrisburg, PA 17110	Dr. Deepanker Tewari Phone: 717-787-8808 ext 211 Fax: 717-772-3895 dtewari@state.pa.us
Animal Disease Research & Diagnostic Laboratory South Dakota State University Box 2175, N. Campus Dr. Brookings, SD 57007	Dr. Jane Hennings Phone: 605-688-6643 Fax: 605-688-6003 jane.hennings@sdstate.edu
CE Kord Animal Disease Diagnostic Laboratory Ellington Agricultural Center 440 Hogan Rd. Nashville, TN 37220	Dr. Tom Chang Phone: 615-837-5257 Fax: 615-837-5250 j.d.chang@state.tn.us
Texas Veterinary Medical Diagnostic Laboratory 1 Sippel Road Drawer 3040 College Station, TX 77843	Dr. Loyd Sneed Phone: 979-845-3414 Fax: 979-845-1794 l-sneed@tvmdl.tamu.edu
Utah Veterinary Diagnostic Laboratory 950 E. 1400 North Logan, UT 84322-5700	Dr. Jessie Trujillo Phone: 435-797-7066 Fax: 435-797-2805 jtrujillo@cc.usu.edu
Washington Animal Disease Diagnostic Laboratory P.O. Box 647034 Bustad Hall Room 155-N Pullman, WA 99164	Dr. Dan Bradway Phone: 208-596-6085 Fax: 509-335-7424 dsb@vetmed.wsu.edu
Wisconsin Veterinary Diagnostic Laboratory Wisconsin Veterinary Diagnostic Laboratory 445 Easterday Lane Madison, WI 53706-1253	Dr. Kathy Kurth Phone: 608-262-5432 ext. 3205 Fax: 847-574-8085 Kathy.Kurth@wvdl.wisc.edu
Wyoming State Veterinary Laboratory 1174 Snowy Range Road Laramie, WY 82070	Dr. Nicky Bratanich Phone: 307-742-6681 ext 161 / 162 Fax: 307-721-2051 abratani@uwyo.edu

CSF Surveillance Submission Form for Slaughter Establishments
Instructions for Filling Out Form

1. **Establishment Info:**
   a. **Plant ID:** Enter the Plant ID number as designated in the ADRS database.
   b. **Establishment Name:** Enter the formal name of the slaughter establishment.

2. **Testing Laboratory Info:**
   a. **Laboratory ID:** Enter the OIDS number for the NAHLN lab that will be receiving the specimen for CSF testing.
   b. **Laboratory Name:** Enter the formal name of the NAHLN lab that will be receiving the specimen for CSF testing.

3. **Page ___ of ___ :** Enter the appropriate page number of the current page out of the number of total pages being submitted.

4. **CSF Referral Number:** Write in the Referral Number. The number must be a unique identifier for the submission that will not be duplicated in any other CSF surveillance submission. The FSIS format is the following:
   - The first set of characters (up to five) are the FSIS Establishment Number (Do not include preceding zeroes or following letters, e.g. 00245M is just "245")
   - The next three characters are the collector's initials (First, Middle, Last) – if the collector does not have a middle name, skip the middle character,
   - The next 6 characters are the collection date: MMDDYY, e.g. 103105 (October 31, 2005),
   - The last character is a letter representing which submission form of the day it is for the collector, e.g. A (first), B (second), etc.

   Example:
   477CSH080404A: This submission is from FSIS Establishment 00477 and was collected by Charles Scott Henry on August 4, 2004. This is the first submission of the day.

5. **Date Collected:** Enter in the date the specimen(s) was collected in <u>MM</u>/<u>DD</u>/<u>YY</u> format.

6. **Specimen Information:**
   a. **Lot ID/Tattoo/Other:** Enter in the Lot ID or tattoo number as established by the slaughter facility.
   b. **Production Site Information:**
      1. **National Premise ID:** Enter the national premise ID number assigned by NAIS for the production site where the animal(s) sampled is from.
      2. **State, Zip:** Enter the State and zip code of the production site.

    c. **Reason for Submission:** Circle the reason why the specimen is being submitted:
1. Erysipelas: Submission with Erysipelas
2. Septicemia: Submission with Septicemia
3. Other Condemnation: Submission condemned for other reasons
4. Randomly selected: Submission randomly selected for sampling

    d. **Specimen Bar Code:** Place the bar code label here that corresponds to the label that is placed on the sample tube.

    e. **Specimen Type:** Circle only one of the types of specimens that are being submitted for testing:
1. Tonsil
2. Other, please specify in blank provided

7. <u>Date Samples Shipped to Testing Lab:</u> Enter the date this form and specimen(s) are shipped to the NAHLN testing laboratory in <u>MM</u>/<u>DD</u>/<u>YY</u> format.

8. <u>Number of Samples Shipped:</u> Enter the total number of specimens in this shipment.

9. <u>Name of Submitter:</u> The person filling out the form and shipping the specimen(s) should be listed here.

CSF Submission Forms for Slaughter Establishments

CSF Surveillance Submission Form for Slaughter Establishments		Page of
Establishment Info: Plant ID:_____ Establishment Name:_____	**Testing Laboratory Info:** Laboratory ID:2.16.840.1.113883.3.5.1.▢ Lab Name:_____	**CSF Referral Number:** Date Collected: ___ mm / dd / yyyy

1

Lot ID/Tattoo/Other:			Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
Production Site Information			1. Erysipelas	
National Premises ID	State	Zip	2. Septicemia	
			3. Other condemnation	1. Tonsil
			4. Randomly selected	2. Other:_____

2

Lot ID/Tattoo/Other:			Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
Production Site Information			1. Erysipelas	
National Premises ID	State	Zip	2. Septicemia	
			3. Other condemnation	1. Tonsil
			4. Randomly selected	2. Other:_____

3

Lot ID/Tattoo/Other:			Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
Production Site Information			1. Erysipelas	
National Premises ID	State	Zip	2. Septicemia	
			3. Other condemnation	1. Tonsil
			4. Randomly selected	2. Other:_____

4

Lot ID/Tattoo/Other:			Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
Production Site Information			1. Erysipelas	
National Premises ID	State	Zip	2. Septicemia	
			3. Other condemnation	1. Tonsil
			4. Randomly selected	2. Other:_____

5

Lot ID/Tattoo/Other:			Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
Production Site Information			1. Erysipelas	
National Premises ID	State	Zip	2. Septicemia	
			3. Other condemnation	1. Tonsil
			4. Randomly selected	2. Other:_____

6

Lot ID/Tattoo/Other:			Reason for Submission (Circle one only)	Place specimen barcode here and then select specimen type below
Production Site Information			1. Erysipelas	
National Premises ID	State	Zip	2. Septicemia	
			3. Other condemnation	1. Tonsil
			4. Randomly selected	2. Other:_____

Date Samples Shipped to Testing Lab: ___ mm / dd / yyyy ___   Number of Samples Shipped: _____

Name of Submitter: _____

Slaughter Establishments Selected for CSF Surveillance*

State	Plant ID	Establishment Name	City	NAHLN Lab
CA	00360 M	Clougherty Packing Co.	Vernon	CA
FL	11159 M	Nettles Sausage Inc	Lake City	Serum to FADDL
FL	11181 M	Lacasa Sierra Corporation	Land O'Lakes	Serum to FADDL
FL	18911 M	Mary's Ranch C/O Cabrera's Sla	Miami	Serum to FADDL; Tonsil to FL
HI	06208 M	Farmers Livestock Coop	Ewa Beach	CA
IA	00003S M	Swift Pork Company	Marshalltown	KS
IA	00085O M	Excel Corporation	Ottumwa	NM
IA	00244 M	IBP, Inc.	Storm Lake	FL
IA	00244L M	IBP, Inc.	Columbus Jct.	TX
IA	00244P M	IBP, Inc.	Perry	CO
IA	00244W M	IBP, Inc.	Waterloo	LA
IA	00717 M	Farmland Foods Inc	Denison	NJ
IA	05804 M	John Morrell & Co.	Sioux City	TN
IA	1775	Pine Ridge Farms (IA Pack)	Des Moines	NJ
IL	00085B M	Excel Corporation	Beardstown	KY
IL	00717M M	Farmland Foods, Inc.	Monmouth	KY
IN	00244I M	IBP, Inc.	Logansport	NY
IN	17564 M	Indiana Packers Corporation	Delphi	NY
KY	00995 M	Swift & Company	Louisville	NJ
MN	00003W M	Swift Pork Company	Worthington	WA
MN	01620 M	Quality Pork Processors, Inc.	Austin	WA
MO	00320M M	Premium Standard Farms Inc.	Milan	TX
NC	00413 M	Premium Standard Farms, Inc.	Clinton	OH
NC	18079 M	Smithfield Packing Co. Inc.	Tar Heel	NC
NE	00199N M	Hormel Foods Corp.	Fremont	AZ
NE	00244M M	IBP, Inc.	Madison	AZ

State	Plant ID	Establishment Name	City	NAHLN Lab
NE	00717CRM	Farmland Foods, Inc.	Crete	AZ
OH	00818 M	J H Routh Packing Company	Sandusky	OH
OK	13597 M	Seaboard Farms, Inc.	Guymon	OK
PA	00791 M	Hatfield Quality Meats, Inc.	Hatfield	PA
PA	09520 M	Leidys Incorporation	Souderton	NJ
PA	20760 M	USA Pork Packers Inc.	Hazleton	PA
SD	00017D M	John Morrell & Co.	Sioux Falls	GA (Tifton)
TX	21530 M	Cabrito Market, Inc.	Mission	Serum to FADDL
TX	NA	Owens Country Sausage	Richardson	TX
TX	NA	Union Slaughter House	Del Rio	TX
TX	NA	J & J Packing	Brookshire	TX

* All slaughter establishments in high risk States that slaughtered more than 500,000 swine in a year were selected for CSF surveillance testing in order to maximize the coverage of the market swine population in these States. Additional slaughter establishments were selected to ensure some coverage in all high risk swine States and, in some cases, to specifically target high risk swine populations for surveillance.

Designated Laboratory, Shipping Address and Contact Information for Slaughter Establishments

Location Where Sampled	Designated Laboratory	Laboratory Contact
Nebraska Slaughter Plants	Arizona Veterinary Diagnostic Laboratory 2831 N. Freeway Tucson, AZ 85705	Dr. Greg Bradley Phone: 520-621-2356 Fax: 520-626-8696 gabrad@ag.arizona.edu
California Slaughter Plants Hawaii Slaughter Plants	California Animal Health & Food Safety Laboratory University of California, School of Vet Med W. Health Science Drive Davis, CA 95616	Dr. Sharon Hietala Phone: 530-752-4739 Fax: 530-752-5680 skhietala@ucdavis.edu
IBP - Perry, IA	Colorado State University Veterinary Diag. Laboratory College of Veterinary Medicine & Biomedical Sciences 300 West Drake Fort Collins, CO 80523	Dr. Barbara Powers Phone: 970-297-1285 Fax: 970-297-0320 barb.powers@colostate.edu
IBP - Storm Lake, IA Mary's Ranch - Miami, FL	Kissimmee Diagnostic Laboratory Florida Department of Agriculture 2700 N. John Young Parkway Kissimmee, FL 34741	Kindra Kelly-Quagliana Phone: 321-697-1447 Fax: 321-697-1467 kellyk@doacs.state.fl.us
South Dakota Slaughter Plants	University of Georgia Veterinary Diag. Laboratory 43 Brighton Road Tifton, GA 31793-3000	Julie Musgrove Phone: 229-386-3340 Fax: 229-386-3399 jmusgrov@uga.edu
Swift - Marshalltown, IA	Kansas State Veterinary Diagnostic Laboratory Kansas State University, CVM L232 Mosier Hall, 1800 Dennison Ave Manhattan, KS 66506	Dr. Dick Oberst Phone: 785-532-4411 Fax: 785-532-4039 oberst@vet.k-state.edu
Illinois Slaughter Plants	Breathitt Veterinary Center Murray State University 715 North Drive Hopkinsville, KY 42240	Dr. Shri Singh Phone: 270-886-3959 Fax: 270-886-4295 shri.singh@murraystate.edu

Location Where Sampled	Designated Laboratory	Laboratory Contact
IBP - Waterloo, IA	Louisiana Animal Disease Diagnostic Laboratory Veterinary Medicine Diagnostic Laboratory, LSU 111 Dalrymple Bldg, P.O. Box 25070 Baton Rouge, LA 70803	Dr. Kim Bowles Phone: 225-578-9777 Fax: 225-578-9784 kashannon@mail.vetmed.lsu.edu
Smithfield – Tar Heel, NC	Rollins Diagnostic Laboratory North Carolina Department of Agriculture 2101 Blue Ridge Rd. Raleigh, NC 27607	Dr. Gene Erickson Phone: 919-733-3986 Fax: 919-733-0454 gene.erickson@ncmail.net
Farmland – Denison, IA Pine Ridge Farms – Des Moines, IA Swift – Louisville, KY Leidys – Souderton, PA	New Jersey Dept of Ag, Division of Animal Health State Diagnostic Laboratory H & A Building Rm 201 John Fitch Plaza, P.O. Box 330 Trenton, NJ 08625	Dr. Denise DiCarlo-emery Phone: 609-777-0139 Fax: 609-777-8395 aghdica@ag.state.nj.us
Excel – Ottumwa, IA	New Mexico Department of Agriculture Veterinary Diagnostic Services 700 Camino de Salud, NE Albuquerque, NM 87106	Dawn Bueschel Phone: 505-841-2576 Fax: 505-841-2518 dbueschel@nmda.nmsu.edu
Indiana Slaughter Plants	Animal Health Diagnostic Center Cornell University, College of Veterinary Medicine S3 110 Schurman Hall, Upper Tower Rd. Ithaca, NY 14853	Dr. Sung Guk Kim, Phone: 607-2533839 sgk1@cornell.edu
Premium Standard Farms – Clinton, NC JH Routh Packing – Sandusky, OH	Ohio Department of Agriculture Animal Disease Diagnostic Laboratory 8995 E. Main Street Building 6 Reynoldsburg, OH 43068	Dr. Yan Zhang Phone: 614-728-6220 Fax: 614-728-6310 yzhang@mail.agri.state.oh.us

Location Where Sampled	Designated Laboratory	Laboratory Contact
Oklahoma Slaughter Plants	Oklahoma Animal Disease Diagnostic Laboratory Oklahoma State University College of Veterinary Medicine Farm & Ridge Road Stillwater, OK 74078	Dr. Emily Cooper Phone: 405-744-3620 Fax: 405-744-8612 emily.cooper@okstate.edu
Hatfield – Hatfield, PA USA Pork Packers – Hazleton, PA	Pennsylvania Veterinary Laboratory Pennsylvania Department of Agriculture 2305 N. Cameron Street Harrisburg, PA 17110	Dr. Deepanker Tewari Phone: 717-787-8808 ext 211 Fax: 717-772-3895 dtewari@state.pa.us
John Morrell – Sioux City, IA	CE Kord Animal Disease Diagnostic Laboratory Ellington Agricultural Center 440 Hogan Rd. Nashville, TN 37220	Dr. Tom Chang Phone: 615-837-5257 Fax: 615-837-5250 j.d.chang@state.tn.us
Premium Standard Farms – Milan, MO IBP – Columbus Junction, IA Owens Country Sausage – Richardson, TX Union Slaughter House – Del Rio, TX J & J Packing - Brookshire, TX	Texas Veterinary Medical Diagnostic Laboratory 1 Sippel Road Drawer 3040 College Station, TX 77843	Dr. Loyd Sneed Phone: 979-845-3414 Fax: 979-845-1794 l-sneed@tvmdl.tamu.edu
Minnesota Slaughter Plants	Washington Animal Disease Diagnostic Laboratory P.O. Box 647034 Bustad Hall Room 155-N Pullman, WA 99164	Dr. Dan Bradway Phone: 208-596-6085 Fax: 509-335-7424 dsb@vetmed.wsu.edu

USDA CSF Surveillance Submission Form for Wildlife Services
Instructions for Filling Out Form

1. **Wildlife Services Information:** Enter the full name (last, first), address, city, State, and zip code of the biologist collecting and submitting the specimens.

2. **Testing Laboratory Information:**
   a. **Laboratory ID:** Enter the OIDS number for the NAHLN lab that will be receiving the specimens for CSF testing. If serum then FADDL is the lab.
   b. **Laboratory Name:** Enter the formal name of the NAHLN lab that will be receiving the specimens for CSF testing. If serum then FADDL is the lab.

3. **Page   of   :** Enter the appropriate page number of the current page out of the number of total pages being submitted.

4. **CSF Referral Number:** Write in the Referral Number. The number must be a unique identifier for the submission that will not be duplicated in any other CSF surveillance submissions. The APHIS suggested format consists of 12 characters:
   - The first two characters indicate the State code, e.g. CO (Colorado) or IA (Iowa),
   - The next three characters are the collector's initials (First, Middle, Last) – if the collector does not have a middle name, skip the middle character,
   - The next 6 characters are the collection date: MMDDYY, e.g. 103105 (October 31, 2005),
   - The last character is a letter representing which submission form of the day it is for the collector, e.g. A (first), B (second), etc.

   Examples:
   COSAJ060104A : This submission is from Colorado, the submitter is Steven Allen Jones, the sample was collected on June 1, 004, and it is the first submission of the day.
   COSAJ060104B: This would be the CSF Referral Number for the second submission by that submitter for that day.

5. **Date collected:** Enter in the date the specimen(s) was collected in MM/DD/YY format.

6. **Collection Site:** Enter county and State where animal was located.

7. **Specimen Information:**
   a. **Subject (Animal) ID:** If one exists, enter the animal ID or tag number here.
   b. **Age Class:** Circle the appropriate age group of the pig from which the specimen(s) was collected:
      1. Juvenile (suckling pig)
      2. Sub-adult (any other pig not classified as a juvenile or adult)
      3. Adult (sow or boar of breeding age)
   c. **Sex:** Circle the gender of the animal from which the specimen(s) was collected:
      1. Male
      2. Female

    d. **GPS location:** Enter in the GPS location from where the specimen(s) were collected.

    e. **Collection location:** Circle the location(s) that applies to the area where the animal was found:
1. Urban
2. Rural
3. Captive

and enter the proximity (in miles) to:
4. Swine farm
5. Airport
6. Landfill

    f. **Collection habitat:** Circle the habitat(s) that applies to the area where the animal was found:
1. Open field
2. Forested
3. Wetland
4. Other, please specify

    g. **Feral pig type:** Circle the appropriate type of feral pig from which the specimen(s) was collected:
1. Free-roaming domestic pig
2. Eurasian wild pig
3. Wild type cross
4. Javelina

    h. **Specimen bar code:** Place the bar code label here that corresponds to the label that is placed on the specimen.

    i. **Specimen type:** Circle only one of the types of specimens that are being submitted for testing:
1. Tonsil
2. Tonsil scraping
3. Nasal swab
4. Serum
5. Other specimen, please specify (e.g. kidney)

8. **Date Samples Shipped to Testing Lab:** Enter the date this form and the specimen(s) are shipped to the NAHLN testing laboratory in MM/DD/YY format.

9. **Number of Samples Shipped:** Enter the total number of specimens in this shipment.

10. **Name of Submitter:** The person filling out the form and shipping the specimen(s) should be listed here.

Please note: Serum and blood samples are not currently tested for CSF at NAHLN labs. Please submit any serum samples collected to FADDL.

CSF Submission Form for Wildlife Services

USDA CSF Surveillance Submission Form for Wildlife Services	Page ____ of ____

Wildlife Services Information:
Biologist Name: ___Last_____ ___First_____
Address:_____
City:_____ State:_____ Zip:_____

Testing Laboratory Info:
Laboratory ID_____
Laboratory Name:_____

CSF Referral Number:
Date Collected: ___mm___ / ___dd___ / ___yyyy___

Collection Site: County:_____ State:_____

---

1 Subject(Animal) ID: _____

Age Class: 1. Juvenile   2. Sub-adult   3. Adult

Sex: 1. Male   2. Female   3. Unknown

GPS Location: N_____ . _____
W_____ . _____

Collection Location (Circle all that apply)
1. Urban   2. Rural
3. Captive   Proximity to:
4. Swine farm: _____ miles
5. Airport: _____ miles
6. Landfill: _____ miles

Collection Habitat (Circle all that apply)
1. Open field
2. Forested
3. Wetland
4. Other, specify:
_____

Feral Pig Type (Circle one only)
1. Free-roaming domestic pig
2. Eurasian wild pig
3. Wild type cross

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

---

2 Subject(Animal) ID: _____

Age Class: 1. Juvenile   2. Sub-adult   3. Adult

Sex: 1. Male   2. Female   3. Unknown

GPS Location: N_____ . _____
W_____ . _____

Collection Location (Circle all that apply)
1. Urban   2. Rural
3. Captive   Proximity to:
4. Swine farm: _____ miles
5. Airport: _____ miles
6. Landfill: _____ miles

Collection Habitat (Circle all that apply)
1. Open field
2. Forested
3. Wetland
4. Other, specify:
_____

Feral Pig Type (Circle one only)
1. Free-roaming domestic pig
2. Eurasian wild pig
3. Wild type cross

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

---

3 Subject(Animal) ID: _____

Age Class: 1. Juvenile   2. Sub-adult   3. Adult

Sex: 1. Male   2. Female   3. Unknown

GPS Location: N_____ . _____
W_____ . _____

Collection Location (Circle all that apply)
1. Urban   2. Rural
3. Captive   Proximity to:
4. Swine farm: _____ miles
5. Airport: _____ miles
6. Landfill: _____ miles

Collection Habitat (Circle all that apply)
1. Open field
2. Forested
3. Wetland
4. Other, specify:
_____

Feral Pig Type (Circle one only)
1. Free-roaming domestic pig
2. Eurasian wild pig
3. Wild type cross

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

Place specimen barcode here and then select specimen type below
1. Tonsil   2. Tonsil scraping   3. Nasal Swab
4. Serum   5. Other, specify: _____

Date Samples Shipped to Testing Lab: ___mm__/__dd__/__yyyy___   Number of Samples Shipped: _____

Name of Submitter: _____

CSF Submission Form for Waste-Feeding Operations
Instructions for Filling Out Form

1. **State/Federal Field Veterinarian:** Enter the full name (last, first), address, city, State, and zip code of the veterinary medical officer (VMO) responsible for inspection of this waste feeder, even if not the one collecting and submitting the specimens.

2. **Testing Laboratory Information:**
    Laboratory ID: Enter the OIDS number for FADDL (All specimens to be collected are to be serum and thus must be tested at FADDL)
    Laboratory Name: Enter FADDL.

3. **Page   of   :** Enter the appropriate page number of the current page out of the number of total pages being submitted.

4. **CSF Referral Number:** Write in the Referral Number. The number must be a unique identifier for the submission that will not be duplicated in any other CSF surveillance submissions. The APHIS suggested format consists of 12 characters:
    - The first two characters indicate the State code, e.g. CO (Colorado) or IA (Iowa),
    - The next three characters are the collector's initials (First, Middle, Last) – if the collector does not have a middle name, skip the middle character,
    - The next 6 characters are the collection date: MMDDYY, e.g. 103105 (October 31, 2005),
    - The last character is a letter representing which submission form of the day it is for the collector, e.g. A (first), B (second), etc.

    Examples:
    COSAJ060104A : This submission is from Colorado, the submitter is Steven Allen Jones, the sample was collected on June 1, 004, and it is the first submission of the day.
    COSAJ060104B: This would be the CSF Referral Number for the second submission by that submitter for that day.

5. **Production Site Information:**
    National Premise ID: Enter the national premise ID number assigned by NAIS for the production site where the animal(s) sampled is from.
    State, Zip: Enter the State and zip code of the production site.
    GPS location: Enter in the GPS location from where the specimen sample(s) were collected.
    Date collected: Enter in the date the specimen(s) was collected in MM/DD/YY format.
    Number of Swine on Farm: Enter current total number of swine on the farm.
    Does this operation feed any of the following waste food: Circle all answers that apply – meat waste, other waste food (in addition to meat), or no waste food fed on the site.
    Additional site identification: Enter waste feeder license number and enter the State premises ID number.

6. **Specimen Information:**

   Animal ID: If one exists, enter the animal ID or tag number here.

   Specimen Bar code: Place the bar code label here that corresponds to the label that is placed on the specimen. A different bar code should be used for each specimen, even for specimens from the same animal.

   Specimen type: Circle only one of the types of specimens that are being submitted for testing:
   1. Serum (serum is the primary sample to be collected from swine on waste-feeding sites)
   2. Other specimen, please specify

   Age Class: Circle the appropriate age group of the pig from which the sample(s) was collected:
   1. Juvenile (suckling pig)
   2. Sub-adult (any other pig not classified as a juvenile or adult)
   3. Adult (sow or boar of breeding age)

   Is the pig unthrifty or sick (circle only one answer): Circle "yes" if the sampled pig appears to be ill or in poor condition, otherwise circle "no".

7. **Date Samples Shipped to Testing Lab:** Enter the date this form and the specimen(s) are shipped to FADDL in <u>MM</u>/<u>DD</u>/<u>YY</u> format.

8. **Number of Samples Shipped:** Enter the total number of specimens in this shipment.

9. **Name of Submitter:** The person filling out the form and shipping the specimen(s) should be listed here.

10. **Phone Number of Submitter:** Enter the phone number for the person filling out the form and shipping the specimen(s).

   Please note: Serum and blood samples are not currently tested for CSF at NAHLN labs. Please submit any serum samples collected to FADDL.

CSF Submission Form for Waste-Feeding Operations

USDA CSF Surveillance Submission Form for Waste Feeding or Transitional Operations		Page of
State / Federal Field Veterinarian VMO Name: _____ Address: _____ City: _____ State: ___ Zip: _____	**Testing Laboratory Information** Laboratory ID: 2.16.840.1.113883.3.5.1.▮ Laboratory Name: _____	**CSF Referral Number:**

Production Site Information			GPS location: N ____._____ W ____._____	Number of Swine on this farm
National Premises ID	State	Zip	Date Collected: ___/___/___ mm /dd / yy	head

Does this operation feed any of the following waste food:
(Circle all that apply)
 	
    1   Meat waste
    2   Other waste food
    3   No waste food fed to swine
	Additional site identification:
	
	Waste feeder license number: _____
	
	State Premise ID: _____

Animal ID	Bar code	Specimen Type (circle one only)	Age class (circle one only)	Is the pig unthrifty or sick? (circle one only)
	Place specimen barcode here and then select specimen type	1. Serum 2. Other, specify:	1. Juvenile (suckling) 2. Sub-adult 3. Adult (breeder)	Yes No
	Place specimen barcode here and then select specimen type	1. Serum 2. Other, specify:	1. Juvenile (suckling) 2. Sub-adult 3. Adult (breeder)	Yes No
	Place specimen barcode here and then select specimen type	1. Serum 2. Other, specify:	1. Juvenile (suckling) 2. Sub-adult 3. Adult (breeder)	Yes No
	Place specimen barcode here and then select specimen type	1. Serum 2. Other, specify:	1. Juvenile (suckling) 2. Sub-adult 3. Adult (breeder)	Yes No
	Place specimen barcode here and then select specimen type	1. Serum 2. Other, specify:	1. Juvenile (suckling) 2. Sub-adult 3. Adult (breeder)	Yes No

Date Samples Shipped to Testing Lab: __/__/__   Number of Samples Shipped: _____

Name of Submitter: _____   Phone number of submitter: _____

Revision 1/30/2007

Designated Laboratory, Shipping Address and Contact Information for Wildlife Services and for Waste-Feeding Operation Submissions

Serum is to be separated off, packaged, and sent Fed Ex overnight with a submission form to FADDL at the following address:

> USDA/APHIS/VS/NVSL FADDL
> 40550 Route 25
> Orient, NY 11957

Lab contact:

Samia Metwally, DVM, Ph.D.
Head, Diagnostic Services Section
Foreign Animal Disease Diagnostic Lab
Plum Island Animal Disease Center
USDA, APHIS, VS, NVSL
P.O. Box 848
Greenport, NY 11944
Voice: (631) 323-3256
Fax: (631) 323-3366E-mail: samia.a.metwally@aphis.usda.gov

Appendix D: Submission Forms and Instructions for Classical Swine Fever (CSF) Testing

Classical Swine Fever Surveillance Program
Diagnostic Laboratory Submission - Web-Form Data Entry - Quick Reference Guide
Login: https://cowebapps.aphis.usda.gov/vslabsub

Create Lab Submission (Diag.Lab)	Review Lab Submission (Diag.Lab)	Enter Lab Results (NAHLN Lab)

Create Lab Submission (Diag.Lab)

1   Submission Info
- Program: Classical Swine Fever
- Collector Type: Diagnostic Lab
- Referral #: Uniquely IDs a lab submission. Manually enter, using this format: State abbreviation, your initials, the date, letter to differential multiple submissions in a day. Example: COSV03152006A

2   Click on   Create New Submission

3   Collection Info
Change submitting & testing labs if defaults are not correct.

4   Specimen Info
- Animal # - uniquely IDs pig. Can link multiple specimens to same pig.
- Sample Bar Code – uniquely IDs a specimen (each specimen MUST have its own bar code)
- Sub. Lab Accession # - uniquely IDs a box of specimens or one or more pigs (dead or alive). Diag.Lab assigns number.
- Reason for Submission – select from menu.
- Specimen Type – default is Tonsil, select other choices from menu.
- Collection Date – default is current date. Can type **T** for today's date, or **T-1** for yesterday's date, etc . . . or select date from calendar.
- Must enter Prem ID and state, or zip and state.
- Must enter or search for practitioner info.

    Search % is the wildcard.
- Can use % by itself in a field
- Can use % with letters and #s

5   Click on   Save Specimen Information

6   Specimen List

Edit Use to modify existing specimen record.

Copy Use if you have several similar specimen records to enter.

Delete Use to remove a specimen record from the lab submission record.

7   Click on   Review Submission
Review the lab submission record before submitting it. You can still edit, delete, or add specimen records, or edit collection information.

8   Shipping Information
Date specimen shipped must be ≥ all specimen collection dates. Number of specimens shipped is auto-populated based on info previously entered.

9   Click on   Complete Submission

Review Lab Submission (Diag.Lab)

1   Search Criteria
The Program field is the ONLY mandatory field. All other fields are optional. You can search on one field, or multiple fields, depending on how specific you want to be.
Drop-down menu fields: If you want criteria in these fields, you must select one of the choices – you cannot manually enter information.
Fields with no drop-down menu: If you want to add specific information into these fields, you can manually enter it or use calendars for dates.
- If you don't know specific information, you can leave the field blank or enter wildcard %.
- If you know partial information, you can combine the wildcard with letters or numbers. Example: You know the bar code ends in the numbers 367. You can enter **%367**.

2   Search Fields
- Program: Classical Swine Fever (menu field)
- Collector Type: Diagnostic Lab (menu field)
- Referral #
- Sample Bar Code
- Submission Status – Menu choices are Incomplete, Submitted to Lab, or Submitted with Results.
- Collection Date Between – If you want to search by a date range, you have several input options:
  - Select dates from calendar
  - Type **T** for today's date, **T-4** for 4 days before today, etc . . .
  - Manually enter date mm/dd/yyyy
- Collection State – menu field.
- Practitioner
- Sub.Lab Accession #

3   Click on   Search

4   Select a Record to View/Edit
Your User ID determines which records you can view and edit.
In general, if you are a Diagnostic Lab Official, you can view Diagnostic Lab submissions generated by individuals in the same lab.
If you are a NAHLN Testing Lab Official, you can see a list of Diagnostic Lab forms, Slaughter Establishment forms, and Wildlife Services forms that have been submitted to your NAHLN lab.

5   Click on   Review Submission

Note: You can also view/edit incomplete lab submission records by selecting them from the Incomplete Lab Submissions list on the Welcome/Home page.

Enter Lab Results (NAHLN Lab)

1   Search for Lab Submission Record
- Program: Classical Swine Fever
- Collector Type: Diagnostic Lab
Use the search techniques described under Review Lab Submission. Only records in *Submitted to Lab* Status can be edited.

2   Select Lab Submission Record(s)

3   Click on   Enter Lab Results

4   Enter Date Specimens were Received
(If not already entered) Date must be ≥ the shipped date. Refer to date input options listed under Review Lab Submission.

5   Select Specimen Record(s) to Edit
Records highlighted in red need data input. Records highlighted in green are complete, but can be edited if necessary.

Color	Test Results
Green	Has been tested & result entered
Red	Not tested yet "Pending NAHLN Testing"

6   Click on   Enter/Edit Lab Results

7   Edit Specimen Record(s)

Field	Description
Test Result	• Not Tested (and will not be tested) ➡ Final Status • Negative ➡ Final Status • Inconclusive ➡ Sent to FADDL Status • Positive ➡ Sent to FADDL
Date Tested	Date on which the individual specimen was tested.
Ct Value	Cycle threshold value (0 – 99.9) indicating result of PCR test. If value is less than 45 cycles, the specimen is considered positive.
Status	Status of each specimen. Field is auto-populated based on the Test Result. • Final • Sent to FADDL

8   Click on   Save Test Results
All specimen records must be complete (green) before you can complete submission.

9   Click on   Complete Submission

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