

**Department of Defense
Veterinary
Food Analysis and Diagnostic
Laboratory**



Sample Submission Guide

March 2004

"The adequacy and condition of the sample or specimen received for examination are of primary importance. If samples are improperly collected and mishandled or are unrepresentative of the sampled lot, the laboratory results will be meaningless"

(Andrews, Ralston, 1984)

Table of Contents

Purpose.....	5
Laboratory Locations.....	5
General Information.....	6
Chilled Foods.....	8
Fresh Dairy Products.....	8
Soft Serve Mixes.....	9
Cultured Dairy Products.....	10
Cheese.....	11
Salads & Spreads.....	12
Sandwiches.....	13
Tofu.....	14
Ground Beef/Trimmings.....	15
Environmental Samples.....	16
Frozen Foods.....	17
Ice Cream/Frozen Yogurt.....	17
Sherbet.....	18
Novelties.....	19
Semi Perishables.....	20
UHT Milk.....	20
Canned Items.....	21
Bottled Water.....	22
Foodborne Illness.....	23
Diagnostic Samples.....	24
Rabies Diagnosis.....	24
Diagnostic Test Panel.....	26
Serological Samples.....	27
General Instructions.....	27
Rabies Antibody Assay.....	27
Ehrlichia and Babesia Sera.....	27
Lyme Disease.....	28
Equine Infectious Anemia (EIA).....	28
Wildlife Disease Surveys.....	28
Specimens for Isolation of Leptospira.....	28
Other Antibody Assays Performed.	28
FAVN.....	29
Hawaii Quarantine Guidelines.....	31
Importation of Dogs and Cats into Australia.....	34
Importation of Dogs and Cats into New Zealand.....	35
MEDCOM form 676r Instructions.....	36
FORMS.....	39

PURPOSE: This submission guide provides instructions for collecting and submitting samples to the Department of Defense Veterinary Food and Diagnostic Laboratory and its branches. It provides the testing capabilities of the various labs and the areas they serve. The guide provides information on a variety of products that may be selected for testing. It is not meant to be all inclusive. The sampling details and analyses listed are for samples submitted for routine surveillance testing. Units with the need for special testing due to customer complaints, possible foodborne illnesses, etc., should contact the laboratory prior to shipping the sample.

LABORATORY LOCATIONS

1. Three laboratories provide veterinary laboratory services for the Department of Defense. Refer to the listing below for laboratory addresses, phone numbers, areas supported and testing available at that facility.

2. Samples should be submitted to the laboratory that supports your geographical area or that provides the specific service required. For additional information, contact the area laboratory providing support.

LABORATORY

DOD Veterinary Food Analysis and Diagnostic Laboratory

Attn: MCVS-Lab
2472 Schofield Rd Suite Suite 2632
Fort Sam Houston, TX 78234-6232
Comm: 210.295.4604/4761
DSN: 421.4604/4761
Fax: 210.270.2559
Sample receiving: 4210
Fax: 4615

U.S. Army Veterinary Laboratory-Europe
CMR 402
APO AE 09180
Comm: 011-49-6371-86-8300/7241 (Landstuhl, GE)
DSN: 486-8300/7241
Fax: 7075

Food Analysis Laboratory
1 Jarrett White Road
Room 2H201/2H224
Tripler AMC HI 96859-5000
Comm: 808.433.7925/7926
DSN: 433.7925/7926
FAX: 7928

AREAS SERVICED

Worldwide

TESTING PROVIDED

Full chemical, microbiological and diagnostic

AREAS SERVICED

Europe, Mid East, and Africa

TESTING PROVIDED

Microbiological, most chemical and limited diagnostic

AREAS SERVICED

Hawaii and parts of SE Asia

TESTING PROVIDED

Limited microbiological

Sampling and Shipping Laboratory Samples

General Information

1. Samples submitted must be representative of the sample population being tested. If a customer complains about a particular lot of an item it **PROBABLY** will not do any good to test a different lot unless it also exhibits the same problems.

2. Is the testing really necessary and cost effective? How many of the same items remain in stock? Would it be better to dispose of the few remaining items than spend SEVERAL dollars in shipping costs and POSSIBLY HUNDREDS more in laboratory costs? When in doubt, call the laboratory.

3. Requests for laboratory testing of food and like items should be submitted on the Medical Command Form 676-R, 'Request For Veterinary Laboratory Testing'. Samples submitted for other than routine testing should include a complete product history and/or customer complaint history (in addition to the MC 676-R). The more information you provide the laboratory, the faster and more accurately we will be able to test your samples. See the appropriate section of this guide for the form to use when submitting diagnostic blood or serum samples.

4. Pack samples CAREFULLY to prevent damage during transit. Individual samples should be placed in separate plastic bags (zip-lock work best) to prevent leakage from inside out and outside in. Serum and blood tubes must be protected from breakage. Wrap them with gauze pads or other absorbent material and then place in a plastic bag. **DO NOT PLACE BLOOD/SERUM TUBES BETWEEN TWO FROZEN CHEMICAL ICE PACKS FOR SHIPPING. THEY WILL BREAK!**

5. Ship perishable items in an insulated container with refrigerant.

a. Pre-cool chilled products to 2°C.

b. Maintain the correct temperature during transit by using sufficient refrigerant.

c. If using chemical ice packs, they must be frozen prior to use. Refrigerating them does not get them cold enough.

d. If using wet ice, place it in heavy plastic bags that will contain the water produced when the ice melts. Do not place products in the same bag with the ice.

e. Do not use dry ice to ship chilled products.

f. Chilled shipments must contain a temperature pilot sample similar in type to the samples being submitted. Label the pilot sample as such.

g. Dry ice is required to keep frozen samples frozen during shipment. Frozen chemical ice packs will not keep frozen items frozen.

6. When shipping heavy or bulky items such as large cans or gallon jars of salad dressing, pack the items carefully. Use extra packing material and if necessary, ship in several boxes rather than one very heavy one. If the items are swollen place them in plastic bags to contain any leakage.

7. Ship perishable samples by express, overnight, next day delivery. Whenever possible, do not ship chilled/frozen samples on Thursday for Friday delivery. The laboratories are not staffed to receive samples on weekends. Therefore, if the samples are not delivered on Friday (for whatever reason), they will probably not be testable when they are finally received the following Monday.

8. Notify the laboratory whenever a shipment is made. Notification can be telephonic or electronic (E-Mail, FAX, etc.). Include the name of the carrier and tracking number, if known. Whenever possible personnel should utilize the laboratory's database in LotusNotes to complete and print the MC 676. This will automatically alert the laboratory to incoming samples.

9. Shipments from overseas to the Fort Sam Houston or Hawaii lab may require a USDA import certificate. If the permit is not attached, the shipment will be delayed by customs and the samples may not be testable when received. If not cleared by customs, they will be returned to the submitter by the shipping company. If you do not have copies of the appropriate certificates, contact the receiving laboratory for a copy. Read the USDA permits because they contain specific restrictions on what items can and cannot be submitted.

10. All test request forms should include the name and a DSN or commercial phone number for a point of contact who is familiar with the samples being submitted. This will save the laboratory time should they need additional information prior to testing.

NOTE: Samples of many laboratory request forms are included as enclosures (attachments) to this guide. However, these forms are periodically reviewed and may change. Please contact the laboratory to ensure you have the latest and correct version of any form. If you don't, one can be faxed to you immediately.

Fresh Dairy Products

(Whole Milk, Low-Fat Milk, Skim Milk, Flavored Milks, Creams {heavy, light, half & half, whipping}, Eggnogs)

1. Sample selection:

- a. Send samples in their unopened original containers (no larger than 1 gallon). If sampling larger containers, aseptically sample.
- b. Send at least 4 oz of sample
- c. Enclose each container in a separate plastic bag to contain leakage.
- d. **Do not tape the tops of the containers.**
- e. Fresh dairy in quart, half gallon and gallon containers should be placed in the shipping carton upright. They are much less likely to leak than when laid on their sides. Use caution not to crush them by placing too much weight (ice or gel packs) on top.
- f. Collect and ship samples ASAP after pasteurization. Fluid dairy samples must be received within 72 hrs of pasteurization if a keeping quality is to be performed. Include the **date of pasteurization** on the request form.

2. Routine Testing

Microbiological: standard plate count, coliform count, keeping quality (P.I.)

Chemical: phosphatase

Whole milk only – antibiotic screen, freezing point, total acidity

3. Pilot Sample

Like item is required

4. Remarks:

Fluid/chilled dairy samples must be received at a temperature between 0 and 4.4°C. Samples received at the laboratory **FROZEN** or **TOO WARM** (greater than 4.4°C) will not be tested.

Soft Serve Ice Cream and Yogurt Mixes

1. Sample selection:

- a. Send samples in their unopened original containers (no larger than 1 gallon). If sampling larger containers, aseptically sample.
- b. Send at least 4 oz of sample
- c. Enclose each container in a separate plastic bag to contain leakage.
- d. **Do not tape the tops of the containers.**
- e. Quart, half gallon and gallon containers should be placed in the shipping carton upright. They are much less likely to leak than when laid on their sides. Use caution not to crush them by placing too much weight (ice or gel packs) on top.

2. Routine Testing

Microbiological: standard plate count, coliform count, YMC
Chemical: phosphatase (except yogurts)

3. Pilot Sample

Like item is required

Cultured Dairy Products

(Buttermilk, Acidophilis milk, Sour cream, Cottage cheese, Chilled yogurt)

1. Sample selection:

a. Send samples in their unopened original containers (no larger than 1 gallon or 1 pound). If sampling larger containers, aseptically sample.

b. Send at least 4 oz of sample

c. Enclose each container in a separate plastic bag to contain leakage.

d. Tape the lid on tub-type containers. **Do not tape the tops of milk-type containers.**

e. Samples in quart, half gallon and gallon containers should be placed in the shipping carton upright. They are much less likely to leak than when laid on their sides. Use caution not to crush them by placing too much weight (ice or gel packs) on top.

2. Routine Testing

Microbiological: coliform count

Chemical: phosphatase

3. Pilot Sample

Like item required

4. Remarks:

Samples received **FROZEN** or **TOO WARM** (greater than 7°C) at the laboratory will not be tested.

Ice Cream/Frozen Yogurt/Sherbet

1. Sample selection:

- a. Send samples in their unopened original containers (no larger than ½ gallon). If sampling larger containers, aseptically sample.
- b. Send at least 4 oz of sample
- c. Enclose each container in a separate plastic bag to contain leakage.

2. Routine Testing

Microbiological: standard plate count, coliforms
Yeast and mold – yogurt

Chemical: phosphatase (ice cream)

3. Pilot Sample

Not Required

4. Remarks:

Samples must remain frozen -- **SHIP WITH DRY ICE ONLY.**

Frozen Novelties

1. Sample selection:

- a. Send an intact retail end item package containing a minimum of 3 units of the same item/same lot
- b. Place in a plastic bag to protect from contamination

2. Routine Testing

Microbiological: standard plate count, coliform count,

3. Pilot Sample

Not Required

4. Remarks:

Samples must remain frozen -- **SHIP WITH DRY ICE ONLY.**

Make sure product packaging material does not contact the dry ice directly. This may cause the packaging to become brittle and crack, especially plastic bags.

Cheese

(Hard, Soft, Processed, Natural)

1. Sample selection:

- a. Send samples in their unopened original containers. Products in larger containers should be aseptically sampled.
- b. Send at least 4 oz of sample.
- c. Enclose each container in a separate waterproof bag to contain leakage.

2. Routine Testing

Coliforms, pathogens, yeast and mold

3. Pilot Sample

Like item required

4. Remarks:

Samples should be submitted as chilled specimens.

Salads and Spreads

(Prepared, processed (bagged), dips)

1. Sample selection

- a. Submit a minimum of 4 oz. (100 g.)
- a. Send samples in their unopened original containers. Products in larger containers (> 1 pound) should be aseptically sampled.
- c. Place individual samples in a plastic bag to contain leakage.

2. Routine Testing

APC, coliform, *E. coli*, *Staphylococcus aureus*, *Salmonella*, *Listeria monocytogenes*, *Bacillus.cereus*, yeast and mold, pH

3. Pilot Sample

Like item is required

Sandwiches

1. Sample selection:

a. Microbiological testing requires a minimum of 4 oz (100 grams) of components (MEAT, CHEESE, ETC., excluding the bread). If necessary, submit two sandwiches as one sample (give them the same sample number).

b. Place wrapped sandwiches in separate plastic bags to protect them from leakage and contamination. Pack carefully to prevent crushing.

2. Routine Testing

APC, coliforms *E. coli*, *Staphylococcus-aureus*, *Salmonella*, *Listeria monocytogenes*

3. Pilot Sample

Like item is required

Tofu

1. Sample selection:

- a. Submit a minimum of 4 oz. (100 g.)
- a. Send samples in their unopened original containers. Products in larger containers (> 1 pound) should be aseptically sampled.
- c. Place individual samples in a plastic bag to contain leakage.

2. Routine Testing

APC, Escherichia coli, Staphylococcus aureus, Salmonella, Listeria monocytogenes, Yersinia enterocolitica

3. Pilot Sample

Like item is required

Ground Meats

(Beef, Pork, Poultry, Trimmings)

1. Sample selection:

- a. Submit at least 8 oz. for microbiological testing.
- b. Submit at least 1.25 lb. for fat testing.

2. Routine Testing

Microbiological – APC, coliforms, E. coli 0157: H7
Chemical – fat (beef only)

3. Pilot Sample

Like item required for chilled samples

4. Remarks:

If product is received/sold chilled, submit chilled. If product is received/sold frozen, submit as a chilled sample to allow product to begin to thaw in transit.

Environmental Samples

1. Sample selection:

The swab and sponge sampling methods can be used to evaluate cleanliness and sanitation of food contact surfaces in commissaries and dining facilities. A larger surface area can be sampled using the sponge method.

- a. Upon request, the laboratory will provide the sterile swabs, sponge kits and a sampling SOP.
- b. Immediately after sampling, sponge and/or swab containers must be shipped chilled to the laboratory on wet ice or frozen gel packs. Maintain temperature at 0 to 4.4°C during transit.
- c. Ship for overnight delivery since testing must be done within 24 hours of sampling if results are to be valid.
- d. Describe the size of the surface area sampled and what piece of equipment was tested.
- e. Do not allow the broth medium in the swab tubes to spill or leak from the tube. The quantity in the tube is pre-measured and must remain in the tube for the test to be valid.

2. Pilot Sample

Blank swab tube with diluent

UHT Milk

1. Sample selection

A. For swelling containers:

Submit 6 containers or packages (3 normal and 3 abnormal) per affected lot. Label packages as "normal" or "abnormal". Be sure to indicate the date of pack or code date on the laboratory request.

B. For shelf life testing:

Submit 6 containers or packages per lot. Be sure to indicate the date of pack or code date on the laboratory request.

2. Routine Testing

Microbiological: APC, anaerobic plate count, DMC, pH, appearance, and condition

Chemical: dye leak (swelling containers)

3. Pilot Sample

Not required

4. Remarks

Include all relevant inspection data or 'customer complaint' information with the sample request.

Canned Items

1. Sample selection

A. For swelling containers:

Submit 6 (3 normal and 3 abnormal) per affected lot. Label as "normal" or "abnormal". Be sure to indicate the date of pack or code date on the laboratory request.

B. For routine testing:

Submit 1 can per lot (minimum of 4 oz of product). Be sure to indicate the date of pack or code date on the laboratory request.

2. Routine Testing

As required by information provided by submitter

3. Pilot Sample

Not required unless product is stored/sold as a chilled item

4. Remarks:

Please provide all pertinent inspection history associated with product submitted

Water

(Bottled, Source, Tap, Ice)

1. Sample selection:

It is essential that **NEW** bottles be used when submitting samples of collected water (source water, well water, tap water, etc) for trace metal or pesticide testing. Re-used bottles, even when cleaned, can contain high levels of soap, minerals, oils, etc. that can interfere with trace analysis. Samples for pesticide analysis should be submitted in glass bottles. One-time use bottles for pesticide analysis can be purchased from a number of laboratory suppliers. Samples of commercially bottled water should be submitted in their original unopened container.

MINIMUM QUANTITIES REQUIRED FOR TESTING

Microbiological – 500 mL
Chemical – CONUS – 200 mL
 OCONUS – 1,000 mL (1 liter)

2. Routine Testing

Microbiology:

Bottled – HPC, Coliforms, *P aeruginosa*
Others – ‘Colilert’ (coliforms/E.coli)

Chemistry

Bottled
 CONUS plants – heavy metals, inorganic ions
 OCONUS plants – heavy metals, inorganic ions, pesticides
Others – as requested

3. Pilot Sample

Not required

4. Remarks:

If you are going to submit samples to the laboratory for heavy metals and pesticide testing you should call or E-mail the lab for guidance and additional instructions.

Foodborne Illness

CONTACT THE MICROBIOLOGY SECTION OF THE LABORATORY PRIOR TO SHIPPING ANY FOOD POISONING/FOODBORNE ILLNESS SAMPLES.

Submit all requests for food poisoning/foodborne illness testing on MEDCOM Form 676-R. Refer to Appendix 1 for sample form and completion instructions.

A foodborne illness is an incident in which a person experiences an illness after the ingestion of food.

Samples may be shipped refrigerated or frozen depending on the circumstances. Contact the lab.

Submit food which is EPIDEMIOLOGICALLY implicated (i.e., samples of actual food eaten, if available). The specific laboratory tests and the order in which they are conducted will be determined by the clinical signs, symptoms, the incubation period and other pertinent facts.

The following information and samples are required:

1. Food attack rates for each food eaten or suspect meal(s):
 - a. Total number of people who consumed the suspect meal(s) or food.
 - b. Number of people who consumed the suspect meal(s) or food and became ill.
 - c. Number of people who consumed the suspect meal(s) or food and did not become ill.

Note: Foods eaten 72 hours prior to symptoms should be considered.
2. Predominate symptoms, such as nausea, vomiting, diarrhea, fever, chills, headache, dizziness.
3. Incubation period: time from ingestion to appearance of symptoms.
4. Duration of symptoms.
5. Physician's diagnosis and any medical treatment given.
6. Laboratory results on cultures of clinical specimens; stool and/or vomitus.
7. Reports of any mishandling of the suspected food.
8. Chill and ship suspected samples (bulk foods, food in open containers, and clinical specimens) in separate sterile containers. Submit a minimum of 100 grams of each sample or entire specimen if less than 100 grams. Submit food sample swabs (Cultorettes^R) in transport growth medium.
9. Operational (MRE) rations: Submit any leftover suspected components and six unopened components of the same meal and subplot

Animal Feeds and Bedding

1. Sample selection

A MIMIMUM of 1 pound of sample should be submitted for proximate analysis.

2. Routine Testing

Proximate analysis

Microbiological, metals and pesticide analytes are available. Contact the laboratory.

3. Pilot Sample

Not required unless product is stored/sold as a chilled item

Diagnostic Samples

(Blood, serum and tissue samples)

Rabies Diagnosis

Sample – brain tissue

Submit all requests for rabies diagnosis testing on DD Form 2620, "Request for and Report of Laboratory Rabies Test"

1. Preparation of Specimen

a. Decapitate large animals and place the head in a plastic bag and seal. Place the sealed specimen in a second heavy plastic bag and seal the second bag. Send the entire carcass of small animals such as bats.

b. Refrigerate immediately. Freezing animal specimens is not recommended unless a delay in shipment is expected.

c. Wild animals, and dogs and cats whose owners cannot be readily identified, that have exposed a person should be euthanized immediately upon capture and submitted for testing.

2. Packing Shipping Containers

a. Add sufficient refrigerant to an insulated shipping container to maintain a temperature of 0 to 4°C during transit.

b. Use drip-free gel packs as a refrigerant. Pack refrigerant in a separate bag from the sample. **Liquid must not leak from the shipping container during transit so DO NOT USE wet ice to ship!**

3. Labeling Shipping Containers and Shipping Documents

a. Animal specimens for rabies diagnosis are considered DIAGNOSTIC specimens. Special labeling is not required for shipment of diagnostic specimens. **DO NOT** label the exterior of the shipping container as a "rabies specimen".

b. Place the completed DD Form 2620 in a sealed plastic bag and place it on top, between the inner and outer containers. Affix a copy of the request form, in an envelope, to the top of the outer shipping container. Include a point of contact who can receive the laboratory report upon completion of testing. Phone numbers for that individual (day and night) must be listed.

c. The phrase "**Diagnostic Specimen - Animal**" should be used on all transportation documents (GBL, Airbill, etc.) to describe the specimen shipped. **DO NOT** mention "rabies".

4. Method of Shipment.

Ship by the most expeditious means (overnight, next day delivery).

5. Notify the laboratory **BY TELEPHONE** as soon as the specimen has been shipped and provide the following:

- a. Type of animal
- b. Was human exposure involved?
- c. Method of shipment and ETA

Notification is vitally important, especially when a rabies suspect sample is shipped for Saturday or holiday delivery. The laboratory is normally not staffed on weekends/holidays and special arrangements must be made to receive and process the specimen.

Serological Samples

(Blood and serum)

1. General Instructions

- a. Before shipping specimens, ensure the laboratory performs the test desired and that the correct test request form is available. If in doubt, **CALL** the laboratory **PRIOR** to sample shipment.
- b. Testing of specimens from privately owned animals is limited to diseases and conditions that present a health threat to the community.
- c. Collect blood samples (2 to 3 mL) in a sterile tube; allow blood to clot. Avoid hemolysis and lipemia. Transfer serum to **polypropylene vials** having watertight screw-caps.
- d. Label each serum tube with the animal's identification data. Data on the tubes should correspond with the data on the appropriate laboratory test request form. Be sure the form includes a **COMPLETE** return address and telephone number.
- e. Ship as chilled specimens the same day collected or freeze sera for later shipment.
- f. Pack serum tubes to prevent breakage; wrap in paper towels, gauze, etc., and then place in a plastic zip-lock bag. Place in an insulated shipping container with enough frozen gel pack refrigerant to keep the samples cold during transit. Sera must be shipped in watertight primary and secondary containers.
- g. Ship samples by a carrier that will deliver them within 48 hours.

2. Rabies Antibody Assay

Sample – serum

- a. Refer to the recommendations of the Immunization Practices Advisory Committee (ACIP) on rabies serological guidelines (MMWR, 22 Mar 91). Veterinarians, animal control personnel and wildlife officers working in areas where rabies is epizootic should receive pre-exposure rabies prophylaxis and have a serum sample tested for the rabies antibody every 2 years or receive a booster.
- b. Submit the sample with request form SF 557, Miscellaneous Form. Ensure complete patient and submitting station identification is on the form.

3. Ehrlichia and Babesia Analyses

Sample -- serum

- a. Submit Military Working Dog sera for Ehrlichia and Babesia (*E. canis*, *B. canis*, *B. gibsonii*) serological testing to the Fort Sam Houston laboratory. Label appropriate serum tube with dog's name and tattoo number.
- b. Submit samples with request form "Military Working Dog Serological Test Request/Report". Fill the form out completely.

c. Sera from overseas which may be delayed in shipment, can be preserved for unrefrigerated shipment by adding one drop of Thimerosal tincture, USP, 1:1000, NSN 6505-00-128-5705, per mL of serum.

4. Lyme Disease

Sample -- serum

Send sera to the Fort Sam Houston laboratory. Use MWD Serological test request form .

5. Equine Infectious Anemia (EIA)

Sample -- serum

a. Only government-owned horses and privately-owned horses maintained on military installations will be tested.

b. Submit serum specimen with **completed** USDA Form VS 10-11, Sep 1984, EIA Test Report. Forms are available from regional offices of USDA, APHIS, and most military veterinary clinics. Send ALL copies of the form. When complete, the laboratory will distribute the copies to the appropriate recipients, including the State Veterinarian and Federal Area Veterinarian.

6. Wildlife Disease Surveys

Sample – protocol dependent

a. Serological testing in support of wildlife disease surveys requires a current protocol signed by the MACOM and the Director, DOD Veterinary Laboratory.

b. Contact the laboratory regarding the appropriate test request form.

c. Routine wildlife disease surveys are performed as workload permits

7. Specimens for Isolation of Leptospira

Sample – see below

a. Media and specific directions/instructions will be provided upon request and can normally be delivered within 24 hours from the Fort Sam Houston laboratory.

b. Urine is toxic to leptospire and must be cultured within 1 hour for successful isolation.

c. Collect blood specimens for culture in vacutainer tubes containing potassium oxalate (gray top tube) or sodium heparin (green top tube) anticoagulant. Culture specimens the same day.

d. Collect urine and blood specimens aseptically. Inoculate 1 mL into 9 mL of Reheis's Prepared Leptospiral Medium (PLM); mix well and transfer 1 mL of this 1:10 dilution into a second tube of PLM. Mix well and transfer 1 mL of this 1:100 dilution into a third tube of PLM, making a 1:1000 dilution.

e. Incubate inoculated tubes at 28-30°C or room temperature until shipped.

f. Pack the tubes to prevent breakage and ship in an insulated shipping container. DO NOT USE ANY REFRIGERANT because cold temperatures destroy the organisms.

8. Other Antibody Assays Performed

(Toxoplasmosis, Rocky Mountain Spotted Fever, and brucellosis)

Sample – serum

a. Collect acute and convalescent serum samples.

b. Submit with request form SF 557, Miscellaneous Form.

c. Ship as chilled samples to arrive within 48 hours.

FAVN (Testing for Rabies antibodies in dogs and cats)

(Serum)

LABORATORY REQUIREMENTS FOR OIE-FAVN TEST FOR IMPORTATION OF DOGS AND CATS

In order to efficiently process and test serum from dogs or cats bound for quarantine facilities, the Department of Defense Veterinary Food Analysis and Diagnostic Laboratory requires the following protocol for submission of samples:

1. The veterinarian should submit a **minimum of one-milliliter (1.0 ml) of serum without preservatives, spun and separated from the clot**, in a labeled, unbreakable cryovial or tube. *Tubes containing red blood cells or clotted blood are not acceptable for testing.*
2. The submitting veterinarian must also complete the enclosed **OIE-FAVN form request**. A photocopy of the member's military orders or alert notification for movement, if available, must also be submitted with the specimens and request form. **Military members using a civilian veterinary clinic to obtain the serum samples must provide a photocopy of both sides of the military ID**. Only samples from animals belonging to Department of Defense personnel will be provided this service. Effective 1 May 2003 the FADL will charge \$35 dollars per sample.
3. It is the owner's responsibility, **with VTF or Veterinary Clinic assistance**, to send **refrigerated, not frozen**, specimens, request form(s), and orders to the laboratory via a next-day delivery service. It is the owner's responsibility to pay for shipment of the specimens if the submitting veterinarian does not provide that service. The FADL will not accept COD charges. Samples should be individually wrapped to prevent breakage and placed in ziploc bags; they **should not be sent to the laboratory to arrive on a weekend or federal holiday**. Each sample must be properly labeled, with the form completed and signed by a veterinarian.
4. Enclosed is the official request form to be used. **One form for each animal** to be tested should be filled out completely (typed or neatly printed), signed by the attending veterinarian, and sent along with the specimens from that animal. If microchips are from the State of Hawaii, please use the bar code labels provided with the microchip. A microchip bar code label may also be affixed to the request form where the microchip number is requested.
5. Please send the specimens and request form via a next-day delivery service, **NOT BY REGULAR AIRMAIL**. Send the above information and specimens to:

**DEPARTMENT OF DEFENSE VETERINARY
FOOD ANALYSIS AND DIAGNOSTIC LABORATORY
ATTN: MCVS-LAB
2472 SCHOFIELD ROAD, BLDG 2630
FORT SAM HOUSTON, TX 78234-6232**

6. For those personnel sending samples from **overseas** every effort should be made to use the **fastest Airmail service** available. Send all requests with specimens to the above address and use plenty of frozen gel packs to keep the specimens in a chilled condition. The quarantine facility will have results ready upon arrival, not earlier. We mail the original request to the quarantine facilities or owner as required with a copy to the VTF/Veterinary Clinic when testing is completed. **We are not permitted to give results over the phone; there are no exceptions.**
Note: To allow ample time for an immune response to the vaccination to develop, serum for testing should be collected 2 to 3 weeks after vaccination, not at the time of vaccination.

MEMORANDUM FOR Civilian Veterinarians Serving Military and Department of Defense Clients

SUBJECT: Fee and New Form for FAVN Testing

1. On 1 May 2003 the DOD Veterinary Food Analysis and Diagnostic Laboratory (FADL) at Ft. Sam Houston, TX will begin charging \$35.00 for each FAVN test. The FADL will continue to perform the tests for all military members and Department of Defense personnel only.
2. A request form is required for each FAVN test; one personal check may be used if the owner has multiple animals. Please advise your clients to follow these instructions:
 - a. Make the check payable to **Ft. Sam Houston IMWRF** or **FSH IMWRF**. At the bottom of the check, on the "Memo" or "For", line write FAVN - Pet's Name(s).
 - b. Fill out the check for the amount of \$35.00 for one animal, \$70.00 for two, \$105.00 for three, etc.
 - c. Make sure the military sponsor's name is on the check. This will assist the FADL in tracking payment in the event that a family member is caring for the pet.
 - d. Place the check in a plastic Ziploc bag with the FAVN request form; place the pet's serum in a different plastic bag, to ensure that the paperwork is kept dry.
3. **Incorrectly completed checks will not be accepted. If the FADL must contact the submitter to request another check, there will be a delay in receiving the test results.**
4. The FADL will be using a new FAVN request form beginning 1 May 2003; the instructions for sending samples have changes as well. The form changes include "Serum Draw Date" and "Station Number". If your clinic has submitted FAVN requests for military clients in the past, the FADL will most likely have a station number on file; call the lab if you need the number. If your clinic does not have a number, the FADL will issue one that will represent your clinic's name and address. **Use the Station Number on every request.**
5. Using the previous form may cause delays in moving pets through the quarantine process; please make sure you use the new VETLAB Form D-132 (1 May 2003). **Incomplete forms will not be accepted. If the FADL must contact the submitter to request a signature or other information, there will be a delay in receiving the test results.**
6. If you have any questions, please call (210) 295-4604/4761.
7. The staff of the DOD Veterinary FADL strive to provide the best service to our customers - military members and Department of Defense personnel. Thank you for your clinic's service to

our customers and for your cooperation in helping to make the FAVN testing process smooth and efficient.

KATHLEEN M. KRAL, VMD
MAJ, VC
Chief, Diagnostic Section
DOD Veterinary Food Analysis and
Diagnostic Laboratory

HAWAII ANIMAL QUARANTINE INFORMATION

Hawaii's Animal Quarantine Laws

Hawaii is a rabies free state. Hawaii's quarantine law is designed to protect residents and pets from potentially serious health problems associated with the presence and spread of rabies. Success of the quarantine program is dependent on maintaining isolation of your pet from other animals for the required quarantine period.

Importation of dogs, cats and other carnivores into Hawaii is governed by Chapter 4-29 of the State of Hawaii, Department of Agriculture Administrative Rules. This law says that these animals are required to complete a 120-day confinement in the State Animal Quarantine Station. If specific pre-arrival and post-arrival requirements are met, animals may qualify for a 30-day quarantine or a new 5-day-or-less quarantine that became effective on June 30, 2003. Qualifications for Hawaii residents with pets and reduced "re-entry" fees became effective on February 12, 2004.

Hawaii Resident Pets: Owners wishing to leave and return to the State of Hawaii with their pets must meet all requirements for 5-day or less quarantine program to return without extended quarantine. The 120 days "pre-arrival" waiting period after a successful rabies blood test can be completed prior to leaving the State or in combination with time spent out-of-state before re-entry. See [Checklist for Hawaii Resident Pets](#) for details.

Re-Entry Fee Requirements: **For pets re-entering Hawaii after completing a Hawaii animal quarantine program, go to our website for requirements to qualify for the reduced "Re-entry" fee for Direct Airport Release or 5-day or-less quarantine.**

INFORMATION BROCHURE AND FORMS

(http://www.hawaiiag.org/hdoa/ai_aqs_info.htm)

- [Animal Quarantine Station Rabies Information Brochure](#) [aqsbrochure.pdf, Rev. 02/12/04] This brochure contains important information about pre-arrival requirements,

quarantine station procedures, policies, rules, operations and fees.

- [Frequently Asked Questions](#) [Rev. 02/13/04]
- [Frequently Asked Questions for 5-Day-or-Less Quarantine Program](#) [Rev. 02/13/04]
- [Direct Airport Release Security Advisory](#)
- [Checklist for 5-Day-or-Less Program](#) [aqs-checklist-5.pdf, Rev. 02/12/04]
- [Checklist for 30-Day Program](#) [aqs-checklist-30.pdf, Rev. 02/12/04]
- [Checklist for Pet Arriving From British Isles, Australia, Guam and New Zealand](#) [aqs-checklist-exempt.pdf, Rev. 09/2/03]
- [Checklist for Hawaii Resident Pets](#) [aqs-checklist-resident.pdf, Rev. 02/12/04]

FORMS

- [Dog and Cat Import Form](#) [AQS-278.pdf, replaces Pet Owner Statement (AQS-2) and Document Submittal Form (AQS-78)] - One completed form per pet is required to be submitted along with all pre-arrival documents (Vaccination Certificates, Health Certificate, Pet Owner Statement, Pre-payments).
 - [List of Approved Animal Hospitals](#) [AQS-20.pdf, Rev. 7/03]
 - [Breed Code Listing and Color Code Listing](#) [AQS-66.pdf, Rev. 10/03]
 - [Intermediate Handlers](#) [aqs-interhandlers.pdf]
List of registered private individuals or organizations which may be contracted with for fee as intermediate handlers to assist in the interstate and inter-island shipping of pets.
- [Veterinarian Checklist](#) [AQS-39.pdf, Rev. 08/03]
- OIE-FAVN Testing Forms - All posted laboratory fees and documents are subject to change by the laboratory without notice.
 - [Kansas State University FAVN-OIE Testing Form](#) for general public [aqs-ksu-favnform.pdf, Rev. 08/03]
 - [FAVN Testing Request form for DOD Members](#) [aqs-dod.favn.pdf]
 - [Memorandum for Civilian Veterinarians Serving Military and Department of Defense Clients, Subject: Fee and New Forms for FAVN Testing](#) [AQS-DOD-FAVN-memo.pdf]
- [Request For Electronic Microchip for Foreign Countries](#) [aqs-73.pdf, Rev. 07/03]
Effective June 30, 2003, the State of Hawaii will **only provide microchips for requests outside of the 50 States of the United States**. Microchips must be readable with a standard AVID universal scanner (AVID chip, Home Again chip).
- For pets arriving from Guam, [Affidavit for Export From Guam to](#)

the State of Hawaii [IC-5.pdf] is required.

OIE-FAVN Test Results

Pets owners do not need to present a hard copy of test results to the Animal Quarantine program; they already have the results. Owners can obtain pre-arrival OIE-FAVN test results from the veterinarian who submitted the sample or from the Hawaii Department of Agriculture website (see below). **Please do not call laboratories directly for test results!**

For those qualifying for the direct release, 5-day or less, or 30-day quarantine program, you can now check online for your pre-test results and the earliest date your pet can arrive.

If you have questions after reviewing our brochure and forms, please contact us:

- E-mail: rabiesfree@hawaii.gov
- Address of Quarantine Office:

Hawaii Department of Agriculture
Animal Quarantine Station
99-951 Halawa Valley Street
Aiea, Hawaii 96701-5602

IMPORTATION OF DOGS AND CATS INTO SPECIFIC AREAS

Guam:

Department of Public Health and Social Services
Division of Environmental Health
P.O. Box 2816
Hagatna, Guam 96932
Phone: (671) 735-7204/7221 FAX: (671) 734-5556
Email: deh@mail.gov.gu

Andersen Quarantine Facility
Andersen AFB, Guam 96929
Phone: (671) 564-3225 FAX: (671) 366-5021
<http://www.guam.navy.mil/pet%20quarantine.htm>

Britain / United Kingdom:

Department for Environment, Food and Rural Affairs (DEFRA)
1a Page Street
London SW1P 4PQ
England

PETS Helpline: +011 44 870 2411710

<http://www.defra.gov.uk/animalh/quarantine/quarantine.qindex.htm>

Pet Travel Scheme Office:

Mr. Dick Ackroyd
Department for Environment, Food & Rural Affairs (DEFRA)
Area 209 la Page Street
London, SW IP 4PQ
Telephone: +44 020 7904 6163
Fax: +44 020 7904 6206
E-mail: Richard.c.ackroyd@defra.gsi.gov.uk

Australia:

An Import Permit must be obtained from the Principal Veterinary Officer (Quarantine) in the State in which the animal will undergo post-entry quarantine. An application form for Live Animals - Dog or Cat, together with the applicable permit fee, should be made at least two months prior to the intended date of importation. A list of Principal Veterinary Officers (Quarantine) and their addresses is also available at the website below.

The application for permission to import must be accompanied by the vaccination certificate(s) and laboratory report of the rabies Fluorescent Antibody Virus Neutralization (FAVN) test. This lab report, which may be either an endorsed copy or the original, will be signed by the Official Veterinarian at the DOD Veterinary Food Analysis and Diagnostic Laboratory. An Import Permit will not be issued if the laboratory report is not satisfactory.

Australian Embassy
Union House 32/38, Quay St.
Auckland, Australia
Phone: 0 9 303 2429
<http://www.affa.gov.au>

New Zealand:

Animals shall be held for a minimum period of 30 days in a quarantine facility registered to MAFRA and supervised in accordance with New Zealand guidelines (Supervision of Dog and Cat Quarantine Facilities-see website below). The animal's carrier must be sealed at the port of debarkation.

The animal will not become eligible for importation into New Zealand until at least 6 months after the date of blood sampling for laboratory testing for the rabies Fluorescent Antibody Virus Neutralization (FAVN). The animal must demonstrate a titer of at least 0.5 IU/ml or

greater, as detailed in a letter from the animal's veterinarian. This testing may be completed at the Food Analysis & Diagnostic Laboratory.

Chief Veterinary Officer Ministry of Agriculture & Fisheries
P.O. Box 2526
Wellington, New Zealand
Phone: 64-4-474-4132 Fax:64-4-472-7171
http://www.maf.govt.nz/biosecurity/imports/animals/standards/doma_niic.spe.htm

Norway:

www.karantene.net
www.vet-care-europe.org

U.S. LABORATORIES WHERE THE OIE-FAVN TEST IS AVAILABLE:

For Military Members: Department of Defense Veterinary Food Analysis and Diagnostic Laboratory, ATTN: MCVS-LAB, 2472 Schofield Road, Bldg 2632, Fort Sam Houston, TX 78234.

For additional questions please contact:

EMAIL: Gonzalo.Rodriguez@LN.amedd.army.mil or
MaryEsther.De Hoyos@LN.amedd.army.mil or
Edwin.Cooper@LN.amedd.army.mil
PHONE: (210) 295-4604 or the nearest Military Veterinary Facility
WEBSITE: <http://vets.amedd.army.mil/vetlab/Default.htm>

For Civilian Personnel: Kansas State University, Mosier Hall ATTN: FAVN Serology, Veterinary Clinical Sciences Building, 1800 Denison Avenue, Manhattan, KS 66506-5601.
For additional questions please contact:

EMAIL: Schweitz@vet.ksu.edu or rdavis@vet.ksu.edu
PHONE: (785) 532-4455
WEBSITE: <http://www.vet.ksu.edu/depts/rabies/hawaii.htm>

Directions for Completing the MEDCOM Form 676-R (V 2.00) for Lab Sample Submission

GENERAL – a separate MEDCOM (MC) 676-R must be completed for each different commercial source and/or government facility that originally ‘produced’ or subsequently further processed the sample; i.e., each different manufacturer, packer, etc. The only exception to this is when submitting samples associated with a suspected foodborne illness (FBI). All samples pertaining to the FBI may be included on a single MC 676-R but any producer/manufacturer information should be provided as a separate attachment. If submitting more than 6 items from a single supplier, use additional copies of page 2 to provide the appropriate information.

Page 1 of form

Block 1 – provide a complete address for the specific branch/section that collected/submitted the sample(s). The hard copy final report will be mailed to this address or posted on the data base. If other individuals or units need copies of the final report, indicate this in Block 12 (Remarks).

Block 2 – provide a point of contact and telephone number for an individual the laboratory can contact if additional information about the samples is required. Complete the **station identification number** for the address listed in block 1.

Block 3 – DO NOT complete this block. For use during food sample management, ONLY.

Block 4 – check the appropriate box for the laboratory that you are sending the sample to.

Block 5 – provide a **COMPLETE** name, address and phone number for the last entity that produced or further processed the sample. For example:

- 1. Potato salad is produced in bulk 5-pound containers by the XYZ Salad Co. and shipped to the local commissary. If the veterinary food inspector opened a new 5-lb container and aseptically obtained a sample, then the XYZ Salad Co. would be the producer.**
- 2. If commissary deli workers repack the above potato salad in their own containers for sale to the consumer, then the commissary would then be the sample source since they repacked the item.**

Block 5 (continued)

- 3. The commissary meat market obtains ground beef in 5-pound chubs from the packing plant. A sample taken directly from the chub should show the packing plant as the source. However, if the product is reground by market personnel and then packed for retail sale, the commissary becomes the source.**

4. A sandwich is prepared by the operator of the snack bar at the local bowling alley from Oscar Mayer bologna and Kraft American cheese. The proper source would be the bowling alley snack bar since the items were 're-processed' by the snack bar personnel.
5. A cheeseburger prepared by the local AAFES Burger King should show the restaurant as the supplier.

For commercial manufacturer/vendor items produced at U.S. establishments provide the name, address, and telephone information for the origin production plant.

For commercial manufacturer/vendor items produced at foreign establishments provide, as a minimum the name of the country in which the sample was produced. If the name and address of the production plant is not available, provide that information for the importer, exporter, or distributor.

On government produced items provide the name, address, and telephone information for the particular military establishment (e.g. AAFES Robin Hood, Albany MCLB Commissary, Post Restaurant, NEXCOM Mini-Mart, etc...) that produced the sample.

Include any plant codes found on the product or packing case (IMSL, USDA, etc.). This code should correspond to the producer or manufacturer's address listed. If the supplier is listed in the VETCOM Directory of Approved Sources, include the VC number assigned to that supplier.

Use caution when providing addresses from product labels. In many cases they are for corporate offices, not the actually processing plant.

Block 6 – check the appropriate box that indicates the reason the sample is being submitted.

In the case of customer complaints, provide all known details and results of local inspections in Block 12 (Remarks) or on a separate sheet of paper.

In the event of a possible foodborne illness investigation, please contact the laboratory for guidance prior to submission.

Block 7 – indicate where the item was physically sampled.

Block 8 – enter the date the sample was collected in both spaces provided. Date must be entered as dd/mmm/yy (i.e., 10 Jun 03).

Block 9 – products should be shipped under the same conditions that they are stored/sold; i.e., ice cream must be shipped with dry ice to remain frozen; dry goods, MREs, etc. can be shipped at room temperature;

Block 9 (continued)

refrigerated products such as chilled dairy, luncheon meats, FFV, etc., must be shipped chilled, with chemical ice packs or wet ice.

Indicate the temperature conditions for this shipment. In the case of chilled samples, indicate what sample is included as a 'temperature pilot' for the laboratory to use to monitor the package temperature upon arrival.

Blocks 10 & 11 –For use during food sample management,ONLY.

Block 12 – use to provide any additional information pertinent to this submission. If the sample(s) test results are needed immediately, due to product on hold, a statement, "Product on hold, please expedite results" should be used to alert laboratory receiving personnel.

Page 2 of form

Block 13 – provide as much information as possible about each sample:

Submitter Sample Number – a unique number assigned by the submitter that should correspond to a label on the product.

Sample Description – brief description of the sample (tuna sandwich, cooked shrimp, whole milk, etc.)

Brand Name – specific product brand (Oscar Mayer, Reser’s, Fresh Express, etc.)

Universal Product Code (UPC) – from product label

Sell by/Use by Date/Pasteurization date – from product container/packaging. Entered date as indicated on the package.

Can Code/Lot Number – any product code from package

Sample Weight/Volume – from product label

Quantity Submitted – how many/how much of this item was sent

Unit of Issue – **how is the product sold? (each, bottle, can, 6-pack, pound, etc.)**

Total Cost – DO NOT complete this block. For use during food sample management, ONLY.

Disposition – DO NOT complete this block. For use during food sample management, ONLY.

NOTE:

It is important to use separate MEDCOM Form 676’s for each different origin plant and/or government production site. This ensures our final reports contain results that are unique to a specific manufacturer/production source and that the laboratory can track all samples that may require medical-hold actions, market withdrawals, and/or recalls.

REQUEST FOR VETERINARY LABORATORY TESTING & FOOD SAMPLE RECORD

For use of this form see C1, MEDCOM Reg 40-28

1. FROM: 	2. POINT OF CONTACT: Name: _____ Phone: _____ Station Identification Number: _____	3. CONTROL NUMBER: 4. TO: <input type="checkbox"/> VETCOM FADL <input type="checkbox"/> VLE <input type="checkbox"/> HAWAII
-------------------------	--	--

5. PRODUCER/MANUFACTURER: *(Name, Address and Phone):*

_____ **PLANT CODE (IMSL, USDA, etc.)**

_____ **VETCOM (VC #)**

6. REASON FOR SUBMISSION :

<input type="checkbox"/> Suspected foodborne illness (contact laboratory prior to submission)	<input type="checkbox"/> Destination monitoring program	Sanitation Audits <input type="checkbox"/> Initial
<input type="checkbox"/> Suspected foreign material/object	<input type="checkbox"/> Contract compliance	<input type="checkbox"/> Special
<input type="checkbox"/> Customer return/complaint (provide synopsis of incident/problem and local inspection results in the Remarks section below).	<input type="checkbox"/> Proximate analysis	<input type="checkbox"/> Directed routine
<input type="checkbox"/> OTHER (Specify): _____		

7. SAMPLES SELECTED FROM: <input type="checkbox"/> DECA <input type="checkbox"/> Exchange <input type="checkbox"/> MWR <input type="checkbox"/> Exchange vendor <input type="checkbox"/> PLANT <input type="checkbox"/> Prime vendor <input type="checkbox"/> OTHER: <input type="checkbox"/> Commercial establishment	8. DATE SAMPLE(S) SELECTED: _____ thru _____ 9. SHIPMENT TEMPERATURE CONDITIONS: <input type="checkbox"/> Room temperature <input type="checkbox"/> Frozen <input type="checkbox"/> Chilled - include 1 temperature pilot per shipping container specify/describe: _____
---	--

10. INSPECTOR'S SIGNATURE	11. ACCOUNTABLE OFFICER'S SIGNATURE
----------------------------------	--

12. REMARKS *(use additional paper if necessary):*

FOR LABORATORY USE ONLY

SHIPPING CARRIER TRACKING NUMBER: _____	LABORATORY REPORT NUMBER: _____	RECEIVED: _____ _____ _____
SHIPMENT RECEIPT CONDITION: <input type="checkbox"/> GOOD <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> RECEIPT TEMPERATURE: _____	SAMPLE(S) FOR ANALYSIS BY: <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> MICROBIOLOGY	

13. SAMPLE INFORMATION (Complete as much information as is available):

SAMPLE NUMBER 1		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
SAMPLE NUMBER 2		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
SAMPLE NUMBER 3		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
SAMPLE NUMBER 4		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
SAMPLE NUMBER 5		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	
SAMPLE NUMBER 6		FOR LABORATORY USE ONLY			
SUBMITTER SAMPLE NUMBER	SAMPLE DESCRIPTION			BRAND NAME	
UNIVERSAL PRODUCT CODE (UPC)	SELL BY/USE BY DATE	CAN CODE/LOT NUMBER		SAMPLE WEIGHT/VOLUME	
QUANTITY SUBMITTED	UNIT OF ISSUE	TOTAL COST		DISPOSITION	

FOR ADDITIONAL SAMPLES, USE ADDITIONAL COPIES OF PAGE 2.



United States
Department of
Agriculture

Date: March 8, 2004

Marketing and
Regulatory
Programs

To: USDA Accredited Veterinarians in Texas

Animal and
Plant Health
Inspection
Service

Subject: Equine Infectious Anemia Laboratory Test Form

Veterinary Services

903 San Jacinto
Blvd., Rm. 220
Austin, TX 78701

512/916-5552
512/916-5197 (fax)

This office continues to receive a significant number of Equine Infectious Anemia (EIA) test records (VS Form 10-11) that are incomplete or improperly completed. As you know, this can result in delays in processing that can be costly to you and your clients. In an effort to deal with this issue, the enclosures provide you with the guidance and information you and your staff can refer to when completing the appropriate forms.

To ensure proper processing of health certificates for horses, it is necessary that the Equine Infectious Anemia Laboratory Test form be fully and accurately completed. Please be aware that all parts of the form must be accurately completed and that you allow sufficient time for processing. Also note that all diagrams need to be completed and must match the narrative description and remarks. All names, addresses and required signatures must be present as well as the veterinarian's license number or accreditation number.

To summarize, the veterinarian requesting the EIA test must make certain that the VS Form 10-11 is completed from Block #2 through Block #30 for proper processing of the documents.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink that reads "Paul Sciglibaglio D.V.M." The signature is written in a cursive style.

Paul Sciglibaglio, D.V.M.
Assistant Area Veterinarian in Charge



Safeguarding Animal Health

**VS Form 10-11
Equine Infectious Anemia
Laboratory Test**

Block 1: ACCESSION NUMBER

Instructions: The accession number is assigned by the laboratory.
Leave blank.

Block 2: DATE BLOOD DRAWN

Instructions: Enter the date when the blood sample was drawn.

Block 3: REASON FOR TESTING

Instructions: Check the appropriate box or boxes.

Block 4: GEOGRAPHIC INFORMATION SYSTEM (GIS)

Instructions: Optional.

Block 5: VETERINARY LICENSE OR ACCREDITATION NUMBER

Instructions: Self explanatory.

Block 6: TEST TYPE

Instructions: Check the appropriate box or boxes.

Block 7: NAME AND ADDRESS OR STABLE / MARKET

Instructions: Completely fill out including:

- Name
- Address (Stable / Market)
- Telephone Number
- Zip Code
- County

Block 8: NAME AND ADDRESS OF OWNER

Instructions: Completely fill out including:

- Name
- Address (Stable / Market)
- Telephone Number
- Zip Code
- County

Block 9: NAME AND ADDRESS OF VETERINARIAN

Instructions: Completely fill out including:

- Name
- Address (Stable / Market)
- Telephone Number
- Zip Code
- County

Block 10: SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Instructions: Self explanatory

Block 11: TYPE OR PRINT SIGNATURE NAME

Instructions: Self explanatory.

Block 12: SIGNATURE DATE

Instructions: Date at the time of signing.

Block 13: SIGNATURE OF OWNER OR OWNER'S AGENT

Instructions: Optional.

Block 14: TYPE OR PRINT SIGNATURE NAME
Instructions: Optional.

Block 15: SIGNATURE DATE
Instructions: Optional.

IDENTIFICATION DATA

Instructions: Fill out as completely as possible. This area can cause the greatest number of problems, especially during interstate or international movement. The description **MUST** match the horse exactly; therefore, be precise when indicating the markings. There is a description guide on the reverse side of the first sheet of the form (white sheet of VS Form 10-11). To list the sex, use the codes listed on the form (M-Male, F-Female, G-gelding, N-neuter).

Block 16: TUBE NUMBER

Instructions: Mark blood tube or tubes with number, date sample drawn, and name of horse to correspond with VS 10-11.

Block 17: OFFICIAL TAG NUMBER (If applicable)

Instructions: Be complete and accurate.

Block 18: TATTOO / BRAND (If applicable)

Instructions: Be complete and accurate.

Block 19: NAME OF HORSE

Instructions: Enter entire name of horse.

Block 20: COLOR

Instructions: Self explanatory.

Block 21: BREED

Instructions: Self explanatory.

Block 22: ELECTRONIC I.D. NUMBER (If applicable)

Instructions: Be complete and accurate.

Block 23: AGE OR DOB

Instructions: Age or date of birth of the horse.

Block 24: SEX

Instructions: M = Male
F = Female
G = Gelding
N = Neuter

DRAWING

Show all significant markings on the horse (head, neck, body, legs) such as whorls, brands, scars.

Head – Star, Strip, Snip, Blaze, etc.

Legs – Show all markings on coronet, pastern, fetlock, knee, hock, socks / stockings etc..

Block 25: HEAD

Instructions: Be complete and precise.

If no white markings are present then write “No White Markings” or “None”.

Block 26: OTHER MARKS AND BRANDS

Instructions: Be complete and precise.

If no white markings are present then write “No White Markings” or “None”.

Block 27: LEFT FORELIMB

Instructions: Be complete and precise.

If no white markings are present then write “No White Markings” or “None”.

Block 28: RIGHT FORELIMB

Instructions: Be complete and precise.

If no white markings are present then write “No White Markings” or “None”.

Block 29: LEFT HINDLIMB

Instructions: Be complete and precise.

If no white markings are present then write “No White Markings” or “None”.

Block 30: RIGHT HINDLIMB

Instructions: Be complete and precise.

If no white markings are present then write “No White Markings” or “None”.

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO

1. ACCESSION NUMBER

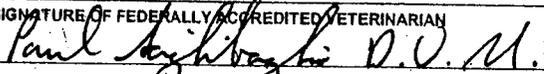
2. DATE BLOOD DRAWN
11/3/03

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Relest <input type="checkbox"/> Export <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Best Equine Stable 109 Star Lane Austin, Texas Zip Code 78701 Tel No. 512-916-5551 County TRAVIS	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. V000	
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) John Smith 12659 Blue Bell Road Austin, Texas Zip Code 78701 Tel No. 512-916-5553 County TRAVIS	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Paul Scigliabaglio, D.V.M. 903 San Jacinto Blvd, Rm 220 Austin, Texas Zip Code 78701 Tel No. 512-916-5552 County TRAVIS			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 		11. TYPE OR PRINT SIGNATURE NAME PAUL SCIGLIBAGLIO, D.V.M.		12. SIGNATURE DATE 11/3/03	
--	--	--	--	--------------------------------------	--

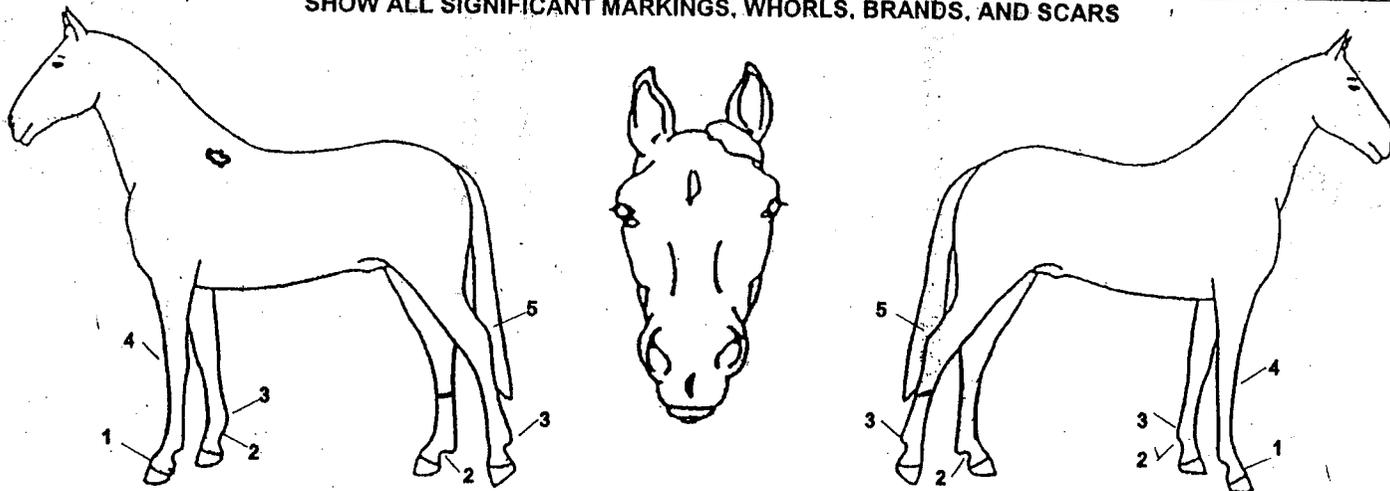
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
1			CC's WAY	BAY	QUARTER HORSE	13456001	4yr	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR, SNIP		26. OTHER MARKS AND BRANDS SMALL WHITE AREA-LEFT SIDE OF WITHERS	
27. LEFT FORELIMB NONE		28. RIGHT FORELIMB NONE	
29. LEFT HINDLIMB NONE		30. RIGHT HINDLIMB STOCKING	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE		32. DATE RECEIVED		33. DATE REPORTED OUT		34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
35. SIGNATURE OF TECHNICIAN				35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

MILITARY WORKING DOG ANNUAL SERUM SAMPLE FORM

These samples will not be tested; a test result will not follow. They will be stored for future testing if needed.

1. TO: DOD Veterinary Food Analysis & Diagnostic Laboratory 2472 Schofield Rd, Bldg. 2630 Fort Sam Houston, TX 78234-6232		FOR LAB USE ONLY DATE & TIME RECEIVED		
2. FROM: Station Number: <input style="width: 20px; height: 20px;" type="text"/>		3. POC: 4. PHONE: 5. FAX: (Commercial Number)		
No.	LAB ACCESSION NUMBER	6. DOG'S NAME	7. TATTOO #	8. DATE SAMPLE DRAWN
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
FOR LAB USE ONLY		COMMENTS:		
SHIPPER TRACKING NUMBER				

OPERATION ENDURING FREEDOM MWD DEPLOYMENT SERUM SAMPLE FORM

These samples will not be tested; a test result will not follow. They will be stored for future testing if needed.

1. TO: DOD Veterinary Food Analysis & Diagnostic Laboratory ATTN: MCVS-LAB 2472 Schofield Rd, Bldg. 2632 Fort Sam Houston, TX 78234-6232	FOR LAB USE ONLY DATE & TIME RECEIVED
--	---------------------------------------

2. FROM: STATION NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. POC: 4. PHONE: 5. FAX: (Commercial Number with Area Code)
--	---

DOG NAME :	TATTOO #
------------	----------

GENDER : <input type="checkbox"/> Male <input type="checkbox"/> Female	SAMPLES : <input type="checkbox"/> 1ml Serum <input type="checkbox"/> 1-3 ml EDTA
--	---

BREED : MALINOIS <input type="checkbox"/> G.SHEP <input type="checkbox"/> D. SHEP <input type="checkbox"/> LAB <input type="checkbox"/> OTHER _____

DEPLOYMENT DATE(S) :

LOCATION (s) :

EVERYTHING BELOW THIS LINE FOR LAB USE ONLY

LAB ACCESSION NUMBER	SHIPPER TRACKING NUMBER
-----------------------------	--------------------------------

TESTS RUN	RESULTS	DATE COMPLETED
EHRlichia canis		
BABESIA CANIS		
LYME DISEASE		
ROCKY MOUNTAIN SPOTTED FEVER		

Comments:

Signature, Name, Title of Laboratory Officer	Date Signed
--	-------------

OPERATION IRAQI FREEDOM MWD DEPLOYMENT SERUM SAMPLE FORM

These samples will not be tested; test results will not follow. The samples will be stored for future testing if needed.

1. TO: DOD Veterinary Food Analysis & Diagnostic Laboratory ATTN: MCVS-LAB 2472 Schofield Rd, Bldg. 2630 Fort Sam Houston, TX 78234-6232	FOR LAB USE ONLY: DATE & TIME RECEIVED
2. FROM: (Complete street address) STATION NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. POC: 4. PHONE: 5. FAX: (Commercial Number with Area Code)
DOG'S NAME:	TATTOO #:
GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/>	MICROCHIP #:
BREED: MALINOIS <input type="checkbox"/> G.SHEP <input type="checkbox"/> D.SHEP <input type="checkbox"/> LAB <input type="checkbox"/> OTHER _____	
DEPLOYMENT DATE(S):	
PRE-DEPLOYMENT: <input type="checkbox"/> POST-DEPLOYMENT: <input type="checkbox"/>	
LOCATION(S):	
SAMPLE DRAW DATE:	
(Keep samples refrigerated at all times.) REQUIRED SAMPLES SUBMITTED: 1ml Serum <input type="checkbox"/> 1-3 ml Blood (EDTA) <input type="checkbox"/>	
EVERYTHING BELOW THIS LINE FOR LAB USE ONLY	
LAB ACCESSION NUMBER	SHIPPER TRACKING NUMBER
Comments:	