Department for Environment, Food and Rural Affairs Scottish Government Welsh Government



Scrapie No.	
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TSE Testing: Initial Cull Submission and Sampling Compulsory Scrapie Flocks Scheme

Section 1: For completion at the APHA office Name of flock/herd owner Address	Section 2: For completion by the third party contractor at the disposal plant Plant Name Plant Name					
Postcode	I confirm that the animals from the CSFS flock (as detailed above) have been received at these premises and that brainstem/cerebellum samples have been taking according to agreed procedures from the					
Tel. No. (incl. nat. dialling code)	(number) of sheets attached.					
CPHH No.	Brain Stem/Cerebellum Samples Date of culling Date of culling testing laboratory					
NSP Flock Membership No. Date loaded at farm	No. of samples dispatched to testing laboratory Consignment Number					
Species (one form per species) • sheep □ • goats □ (Tick ONE box only) CSFS eradication measures applied • Whole flock/herd □ • Genotyping and selective cull	Signature Name in BLOCK LETTERS					
Total no. of animals submitted for culling	Date					
Total number of animals over 12months (i.e. suitable for TSE testing)	Section 3: For completion by APHA Laboratories A For completion at Testing Laboratory					
Number of animals to be selected by contractor for TSE Testing	Received by Date received at testing laboratory					
If whole flock cull: number of animals genotyped and bolused	No. of samples received Lot number					
These sheep are marked with Animal Health Officer's: Signature	For all positive samples. (If more than one from the same flock/herd, make a photocopy of all sections and attach to each sample, indicating with an asterisk on NSP59A, the individual details from each animal).					
Name in BLOCK LETTERS	Biorad result (if not negative):					
Date	Processed by					
Office	Date					
Tel. No.						

B For completion at APHA Weybridge				D Final status of the result (e.g. classical or atypical)							
Archiv	e • froze	en tissue	fixed t	tissue [
Signa	ture					Signatur	e				
Name BLOC	in K LETTERS					Date					
Date						Commer	nts				
For completion at National Reference Laboratory WB confirm IHC confirm Re- testing											
Resul	Modified Biorad	Obex IHC	test r	State nature o other tes							
+ve											
-ve											
Signa	ture										
Name BLOC	in K LETTERS										
Date											
For infor	ROTECTION mation on how ion Charter.	we handle pers	sonal data ple	ase go to	www.g	gov.uk and se	earch Anir	mal and F	Plant Health	Agency Person	al
Notes	This form gi testing the u TSE testing One Health	inder the Con process. Customer Se	npulsory Ści	rapie Flo	ocks S will se	cheme (CS	SFS). It a	also reco	ords the d		of the
			nd Food Stan	dards Ag	ency to		animal and			behalf of the So benefit of people	
	HM3 Stamp	Name:			Date I	Received:			WS ID:		