

NCAH PORTAL NVSL QUICK REFERENCE GUIDE

Diagnostic Sample Submission - (APHIS 10-4)

Center for Veterinary Biologics (CVB)

1. National Veterinary Services Laboratories (NVSL)

Submission History

Application Messages

Account Details

Please click any of the links on the left to navigate

For APHIS Form 10-4 submissions, start by entering the NVSL section of the Portal and then navigating to the 10-4 Diagnostic Sample Submission Form

NVSL - National Veterinary Services Laboratories

2. Sample Submission Form

- Sample Submission Form (with Spreadsheet)
- Generate Packing Slip
- Samples Not Yet Received by NVSL

Equine Import (VS 17-31)

- Sample Submission Form
- Sample Submission Form (with Spreadsheet)
- Generate Packing Slip
- Samples Not Yet Received by NVSL

Tuberculosis Sample Submission (VS 6-35)

- Sample Submission Form
- Generate Packing Slip
- Samples Not Yet Received by NVSL

Click on “Sample Submission Form” and you will be taken to the selected Diagnostic Sample Submission Form.

Next: Submitting APHIS 10-4 form

Diagnostic Sample Submission - (APHIS 10-4)

Submitter Information

Fields with a red asterisk (*) are required.

Submitter Information

Submitting To* Ames Plum Island (FADDL) -----> *Select location to send submission*
 Note: If unsure, please visit the [Diagnostic Testing at NVSL website](#).

NVSL Submitter ID -----> *Select from drop-down*

Submitter Name Last* First* Middle -----> *New submitters enter name here*

Business Name -----> *New submitters enter business name*

Submitter Address* Street*
 -----> *New submitters enter address information*

Country* State* City* Postal Code*

Contact Information* Email* + Fax + Telephone* -----> *Enter contact information*
 Note: Please add all email addresses and fax numbers to which the report should be sent to. At least one email is required.

Payment Information User Fee Account Number -----> *Enter NVSL account number*
 Note: Final report not released until payment secured. Do NOT enter credit card number; credit card information should be entered on packing slip.

Purpose* -----> *Select from drop-down*

Reference Numbers Referral # FAD # -----> *Enter reference numbers*
 Note: For your records only. Not assigned by NVSL. Note: Only required for FAD cases. Contact Assistant District Director and emergency program staff for authorization.

Preservation During Shipping* -----> *Select from drop-down*

Click [HERE](#) to update your name, address, email, phone, or other information.

Submitting To – If unsure, please visit the [Diagnostic Testing at NVSL website](#).

NVSL Submitter ID – Submitter ids are assigned to specific submitter information to prepopulate name and location fields for you. First time submitters will be assigned a submitter id after the submission is received.

Contact Information – Use the “Plus” sign icon to add additional entries and the “Negative” sign icon to delete entries.

Purpose – Select “Purpose Definitions” for a list of descriptions for each purpose.

Diagnostic Sample Submission - (APHIS 10-4)

Owner Information

Owner Information

Wildlife Submission* Yes No -----> *Select submission type*

Owner

Owner Name* -----> *Enter owner name if different from submitter*

Owner Address Country: State: City: Postal Code: *Enter owner address if different from submitter*

Save As New Owner for later use?

Wildlife Submission – If submission is not wildlife, owner information is required.

Owner – Select “**Copy Submitter Info**” to prepopulate the submitter information into the owner information fields.

Save As New Owner for Later Use? – Check the checkbox to save the entered owner information for future submissions.

Animal Information

Animal Information

Premises ID Number (PIN) -----> *Enter premises ID*

Address:* Country*: State*: -----> *Enter address information*

Herd/Flock Number of Animals: Number Affected: Number Dead: -----> *Enter herd/flock numbers*

Country Origin: Destination: -----> *Select Origin/Destination countries*

Note: Country Origin and Destination are required when import/export is selected as Purpose.

Address – If country is United States, state and county are required.

Diagnostic Sample Submission - (APHIS 10-4)

Specimen and Testing Information

Specimen and Testing Information

Total Number Of* Specimens* Animals*
 -----> Enter total number of specimen/animals

Pooled or Unknown

Collected By* Date Collected
 --> Select collected by and enter the date collected

Note: If entering a single date for Date Collected, please use format MM/DD/YYYY

Collected By "Other" – If collected by is other, please use additional field to specify.

Specimen

Search All Sources Animal or Source* Subspecies or Breed* Other Animal or Source Information*
 Cattle Not Listed (please specify) -----> Select animal/source and subspecies/breed

Animal ID* Gender* Age Number Age Unit Age Class
 -----> Enter/select animal information
 Note: Age Class required if not entering Age Number & Age Unit.

Specimen ID #* Specimen* Additional Specimen Information
 -----> Enter/select animal information

Search All Tests Category Disease or Causative Agent* Laboratory Test* Additional Test Information
 Add Test -----> Enter test information

+ Add More Specimens -----> Select to add more specimen

Search All Sources – Select magnify glass to search for a specific animal/breed which will prepopulate the Animal or Source and Subspecies Breed for you.

Other Animal or Source Information – If animal/source or subspecies/breed is other or not listed please specify in the other field.

Additional Specimen Information – Enter additional information pertaining to the specimen here.

Search All Tests – Select magnify glass to search for a specific disease category/disease or causative agent/and or laboratory test which will prepopulate the disease category, disease or causative agent and laboratory test fields for you.

Add Test – Select to add additional tests. **Note:** There is no limit to how many tests you can add.

Add More Specimens – Select to add more specimens. **Note:** You can add up to 100 specimens.

Diagnostic Sample Submission - (APHIS 10-4)

Additional Information/Submit Form

Additional Submission Information

-----> Enter any additional information here

Additional Submission Files

Browse ...

-----> Attach any additional submission files

I agree that I've looked over this information and everything entered is true to my knowledge.

-----> Select checkbox after reviewing the form

Save & Review Submission

-----> Select to save/review form

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0090, 0101, and 0212. The time required to complete this information collection is estimated to average .5 hours per response for 0579-0090, 1 hour per response for 0579-0101, and .333 hours per response for 0579-0212, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0090
0579-0101
0579-0212

Submission Information

Submissions are only available to be edited up to 14 days after completion or upon receipt of samples by NVSL. If after 14 days no samples have been received by NVSL, the submission will be removed by the system, and you must start a new entry.

Select to make a clone of the submission

Diagnostic Sample Submission Information

NVSL Home / Create - Diagnostic Sample Submission Form / Diagnostic Sample Submission Information

Edit Add Attachments Finish and Generate Packing Slip Delete Submission Clone

Select to add attachments to the submission

Select to delete submission

Select to generate packing slip

Submission of APHIS 10-4 Complete

Diagnostic Sample Submission - (APHIS 10-4)

Generate Packing Slip

NCAH Portal Dashboard Submission History USER NAME Help

Dashboard

Center for Veterinary Biologics (CVB)

National Veterinary Services Laboratories (NVSL)

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NVSL - National Veterinary Services Laboratories

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Diagnostic Sample Submission Packing Slip

NVSL Home / Diagnostic Sample Submission Packing Slip

Select submission to generate a packing slip

Select to view submissions details

	Owner Name	Date Collected	# Of Animals	# Of Specimens	Species	
2. <input type="radio"/>	WILDLIFE	07/01/2022	12	24	Other (please specify), Turtle, loggerhead	More Info...

3.


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Diagnostic Sample Submission - (APHIS 10-4)

Print Packing Slip

- FOR OFFICIAL USE ONLY

National Veterinary Services Laboratories
VS 10-4 - Diagnostic Sample Submission Packing Slip



#####

AMES
 1920 Dayton Ave
 Ames, IA 50010

User Fee Account Number:		
Credit Card Number/Check Number:		Exp Date:

Submitter	Contact Info	Owner
Submitter ID: ##### LAST, FIRST Your Company Here Company Street Address City, State Zip Code Country eAuth Username: Your.Auth.Username eAuth Name: Your eAuth Name	PH: 5555555555 FAX: 5555555555 EMAIL: youremail@yourcompany.com	Animal Owner's Name Animal Owners Address City, State, Zip, Country Location Of Animals City, State, Zip, Country

Exams	Purpose	Preservation
Test(s) you have requested	Your Purpose fro requesting testing	Preservation method in packaging box

Origin/Destination

State or country of animal's origin

Collected	Herd/Flock	Total	Submitted	Attachments
By: Collector's First, Last name or title Date: Date sample was collected	Size: # Affected: # Dead: #	Specimens: # Animals: #	By: Submitter's Frist & Last name eAuth Username: Your.Auth.Username eAuth Email: submitteremail@yourco mpany.com Date: #####/#####	FormSampleSpreads heet.xlsx

Additional Data

Specimen ID	Specimen	Animal ID	Species/Breed	Sex	Age
#####	Description	#####	Species & breed from form	Sex of animal(s)	Age # & unit OR age class

Tests:
Requested testing description

Credit Card Information – If submitting payment along with the packing slip please enter credit card information here along with the card’s expiration date. If you are submitting as part of a government appropriated program, leave this **BLANK!**— Please do **NOT** send cash.

Print - Print the packing slip and ship specimens.

Generating/Printing packing slip complete