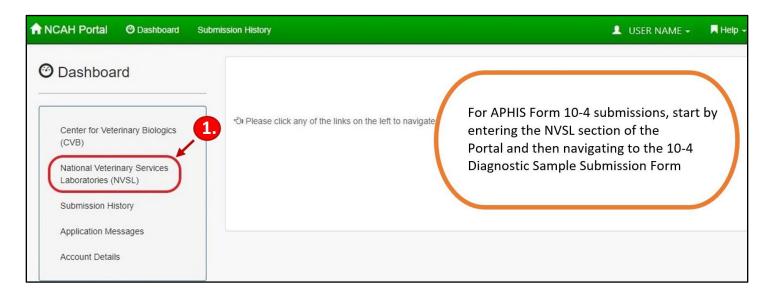
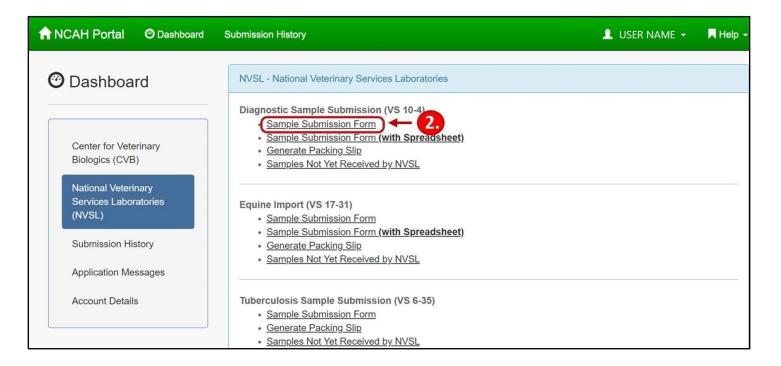
Diagnostic Sample Submission - (APHIS 10-4)





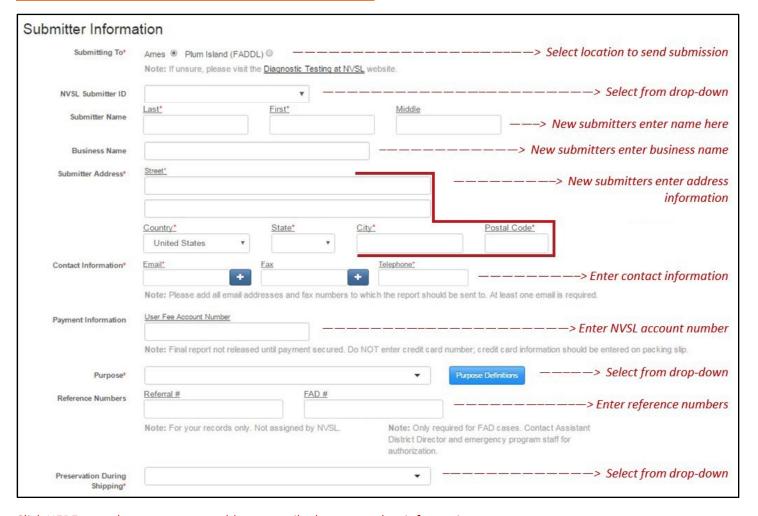
Click on "Sample Submission Form" and you will be taken to the selected Diagnostic Sample Submission Form.

Next: Submitting APHIS 10-4 form

Diagnostic Sample Submission - (APHIS 10-4)

Submitter Information

Fields with a red asterisk (*) are required.



Click <u>HERE</u> 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

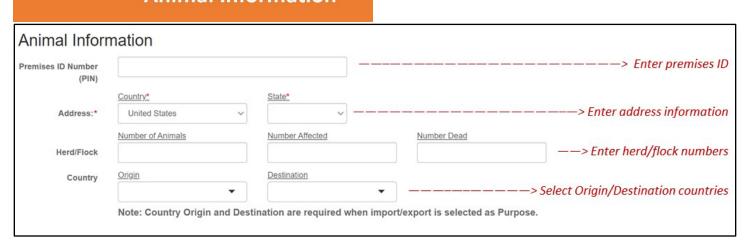


Wildlife Submission - If submission is not wildlife, owner information is required.

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



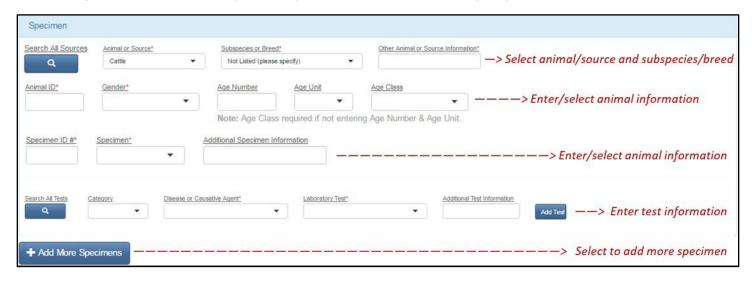
Address – If country is United States, state and county are required.

Diagnostic Sample Submission - (APHIS 10-4)

Specimen and Testing Information

Specimen ar	nd Testing In	formation	
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.



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.

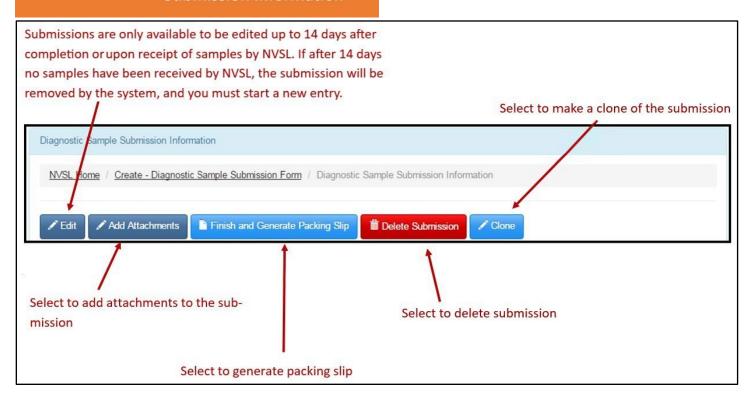
Add More Specimens – Select to add more specimens. Note: You can add up to 100 specimens.

Diagnostic Sample Submission - (APHIS 10-4)

Additional Information/Submit Form

Additional Submission Information	
——————> Enter any addition	nal information here
Additional Submission Files	
☞ Browse	onal submission files
	onar out on one or juice
□ I agree that I've looked over this information and everything entered is true to my knowledge. —————> Select checkbox afte	r reviewing the form
✓ Save & Review Submission ————————————————————————————————————	to save/review form
	1007min 2010 2010 32 c 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	OMB Approved
information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0090, 0101, and 0212.	0579-0090
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-	0579-0101
0101, and .333 hours per response for 0579-0212, including the time for reviewing instructions, searching existing data sources, gathering and	0579-0212
maintaining the data needed, and completing and reviewing the collection of information.	

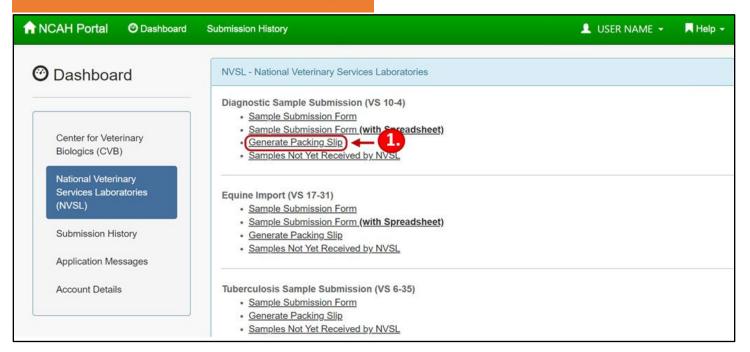
Submission Information

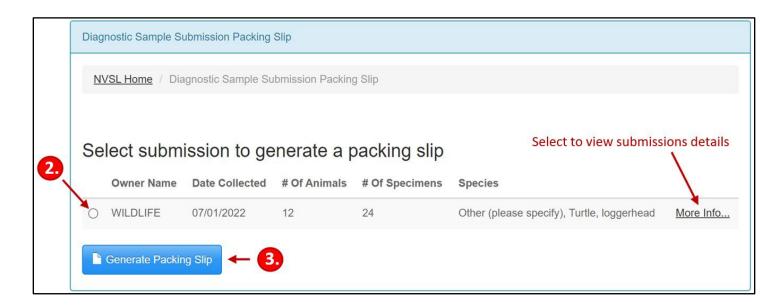


Submission of APHIS 10-4 Complete

Diagnostic Sample Submission - (APHIS 10-4)

Generate Packing Slip





Diagnostic Sample Submission - (APHIS 10-4)

Print Packing Slip

VS 10-4 - Dia	erinary Service agnostic Sample	Submission P	acking Slip	##/##/#### - FOR OFFICIAL USE ONLY AMES 1920 Dayton Ave Ames, IA 50010			
User Fee Accou Credit Card Nu Numb	mber/Check			Exp Date:			
Submitter Submitter ID: #### LAST, FIRST Your Company Here Company Street Address City, State Zip Code Country eAuth Username: Your.Auth.Username		Contact		Owner Animal Owner	Owner Animal Owner's Name		
		FAX: 555 EMAIL: youremail		Animal Owners Address City, State, Zip, Country Location Of Animals City, State, Zip, Country			
eAuth Name: Your eAuth Name Exams Test(s) you have requested		Purpose			Preservation Preservation method in packaging box		
		Origin/	Destination ountry of animal's ori	gin			
Collected Herd/Flock By: Collector's First, Last name or title Date: Date sample was collected Herd/Flock Size: # Affected: # Dead: #		S	otal pecimens: #	By: Submitted Attachments By: Submitter's Frist & FormSampleSpreads Last name heet.xlsx eAuth Username: Your.Auth.Username eAuth Email: submitteremail@yourco mpany.com Date: ##/######			
Last name or title Date: Date samp				eAuth Username: Your.Auth.Username eAuth Email: submitteremail@your mpany.com	co		
Last name or title Date: Date samp	le Dead:#	Animal ID	Species/Breed	eAuth Username: Your.Auth.Username eAuth Email: submitteremail@your mpany.com	Age		

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