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 Premise 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:** _____