

## VOLUNTARY OPP/CAE TEST AND CONTROL PILOT PROGRAM

### Flock Enrollment Application

Please complete all parts of this form, sign and return to:  
OPP Pilot Program, c/o Minnesota Board of Animal Health at the address shown above

#### Routine Annual Testing

Blood serum samples from OPP/CAE Pilot Program enrolled flocks will be tested with the USDA-licensed agar gel immunodiffusion (AGID) test kit at the Minnesota Veterinary Diagnostic Laboratory (VDL) on the St. Paul campus of the University of Minnesota. Follow-up testing, if necessary, will be performed by VDL with the 'Elitest' ELISA. Any samples that remain questionable or indeterminate will be sent to the USDA National Veterinary Services Laboratory (NVSL) in Ames, Iowa, for final determination. All costs of routine annual testing, including veterinary and laboratory fees, will be the responsibility of the participating producer.

#### Testing Protocol

As described in the program standards, flock owners or managers with all animals testing negative on a whole-flock initial screening test will select either a 3-year or 5-year testing scheme. Those flocks with test-positive animals detected on the initial screening test will work toward eradication following a program developed in consultation with the flock veterinarian.

Based on your flock's previous test history, if known, please indicate which testing protocol you wish to use:

- Never tested / don't know                       Three-Year Test Protocol  
 Working toward eradication                       Five-Year Test Protocol

***It is important to note that, while adherence to the Voluntary OPP/CAE Test and Control Pilot Program protocol and recommended management practices may, in fact, facilitate the eradication of OPPV/CAEV from infected flocks/herds, THIS PILOT STUDY DOES NOT PROFESS TO BE A GUARANTEED ERADICATION SCHEME!***

NAME \_\_\_\_\_ FARM NAME \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ COUNTY \_\_\_\_\_  
 PRIMARY BREED(S) \_\_\_\_\_ TOTAL NUMBER OF EWES/DOES \_\_\_\_\_

VETERINARIAN \_\_\_\_\_ CLINIC \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ COUNTY \_\_\_\_\_

***My signature below indicates that I have read, understand, and agree to follow all OPP/CAE Pilot Program Requirements and Guidelines. I also understand that my flock/herd's OPP/CAE test results will be made available for review by my local veterinarian and the volunteer coordinator overseeing this program for the Minnesota Board of Animal Health.***

Owner signature:	Date:
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