

This document represents the information that would be collected and conveyed using EMRS.

**Movement Tracking Data Elements**

<b>Permit Information</b>		
Associated permit number:	<i>Data will come from the permit.</i>	
Permit issue date:		
Permit expiration date:		
<b>Contact Information</b>		
Name of person who submitted permit request:	<i>Data will come from the permit request.</i>	
Phone number:		
Email:		
<b>Product/Item and Movement Information</b>		
Movement reason:	<i>Data will come from the permit request.</i>	
Movement start date/time:	<i>Ex:(11/2/16 6AM)- this is when the movement associated with this permit actually started.</i>	
Movement end date/time:	<i>Ex: (11/28/16 8 AM)- this records the time and date that the movement ended.</i>	
Number of shipments:	<i>The number of shipments made in this movement.</i>	
Class of Items moved:	<i>Data will come from the permit request.</i>	
Specific type of item moved:		
Item unit:		
Number of items by unit per shipment:	<i>How many head, cases, lbs. etc. (defined in item unit field) were moved</i>	
<b>Origin Premises</b>		
National premises ID number (PIN):	<i>Data will come from the permit request.</i>	
From (name/farm name):		
Address:		
City, State, Zip:		
Is origin premises in a Control Area:		
<b>Destination Premises</b>		
National premises ID number (PIN) <i>[if known and applicable]:</i>		
To (name/farm name):		
Address:		
City, State, Zip:		
Is destination premises in a Control Area:		
Is destination premises in the same Control Area as origin premises:		

<b>Sample and RRT-PCR Test Information (if applicable)</b>	
Laboratory used for testing:	<i>The name of the NAHLN laboratory used for testing samples associated with this permitted movement.</i>
Oropharyngeal swabs sample (1):	Sample Date: _____ Accession Number: _____ Result Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative
Oropharyngeal swabs sample (2):	Sample Date: _____ Accession Number: _____ Result Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative
<b>Certification</b>	
I certify that the product/item specified above is moving from a premises that meets all Monitored Premises criteria.	
I certify that I am familiar with and have met permit guidance as required by the <i>State</i> for the product specified above.	
I certify that I am aware that there may be additional requirements for interstate movement (if applicable).	
Certified by (signature and date):	