According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0032. The time required to complete this collection of information is estimated to average .16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

FORM APPROVED OMB NO. 0579-0032 and 0579-0185

STATE				UNITED STATES DEPARTMENT OF AGRICULTURE						ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION													
COUNT	ΓΥ		CODE	ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES						COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM BRUCELLOSIS TEST RECORD													
HERD	NUME	BER	HERD OWNER LAST FIRST						N	MIDDLE INITIAL				EVIOUS ST DATE	WET	T CODE		TOTAL	REA		SUS		
OWNER	R NUI	/IBER	ROUTE-STREET-ROAD											CERTIFICATION FOR PAYMENT  FEDERAL FEE BASIS STATE PRIVATE									
TEST	PR	OG. WBBS	WBBS POST OFFICE STATE							I Ce	EMPLOYEE   (fEDERAL)   COUNTY   (Owner's Expense)												
REASON FOR TEST Slaughter 1.			Hd. Cert/	TIAL RETES	RGE	SEC		DISTR	ICT	CT FARM UNIT		and	That I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding identification number, all numbers and letters of all										
Rea Lvsl. Mkt. 2.			Validation Post Move	7.	COMPLETE HERD ALL ELIGIBLE AN						SUMMARY		eart bee	eartags have been listed, cattle with existing official eartags have not been retagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been or									
Susp Ring 3.			Quar. & Tes Area Test	8.	YES		NO. IN HERD		NEG ATIVE			will	will be received from any other source.										
Test  Diagnostic 4.			Epidemiolog	y 9.	KING OF HERD				SUS-			SIGN	SIGNATURE AGREE. CODE										
			Other	10.	DAIRY BEEF MIXED  SWINE OTHER (Specify below)				PECT			ROU	ROUTE, STREET, ROAD DATE BLEE					BLED					
REMAR	RKS:		(Specify be	low)	LABORATORY				REAC- TOR			POS	POST OFFICE STATE ZIP CODE						FIELD TEST DONE BY				
					PLACE					TOTAL				REACTORS TAGGED AND BRAND DATE SIGNATURE						AGREE. CODE			
DATE L	ISTE	D			BY								LABOR	ABORATORY RESULTS					REMA	RKS			
TUBE NO.	2			RECORD A IDENTIFICAT NUMBER (	ON		VACC TATTOO	AGE	BREED	SEX	FL DT	BAPA	CARD	ARD STT	RIV	CF		TEST in terp	ANI ADDITIO	AND DITIONAL RMATION	REACTOR TAG NUMBER		
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		2.																					
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	atural	AB - A Addition sed Addition	Aborter	Earta	ord ALL Record ALL g(s) and Legible too(s) Characters N ·			FIELD TES CODE N - Negatuv P - Positiv	N - Negative Negative S - Suspect				TEST INTERRPRETATION  Classified by:						Record ALL Eartag(s) and Tattoo(s)				