FORM APPROVED OMB NUMBER 0579-XXXX

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 XXXX. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1. STATE			CC	OOPERA	TIV	F STAT	CF F	FDF	RΔI	JOL	INF'	S PR	OGR	ΔM				
2. COUNTY	,	VOLU	NTARY E												ST R	ECO	RD	
3. PREMISE	ES ID	4. HERD O\	4. HERD OWNER LAST NAME			ME			FIRST NAME			INITIAL						
ROUTE-STREET-ROAD								11. Certification Federal Employee Fed Basis (Federal)										
CITY				STATE	CODE		State County Private (Owner's Expense)											
5. REASON Initial	FOR 1	TEST	6. RGE	TWP	EC	GPS LOCATI	ON	I certify: That I have collected samples from each animal identified below and have correctly listed each sample number with completed corresponding identification number, all numb ers and letters of all eartags have been listed, cattle with existing official eartags have not been retagged, and when payment is claimed as program expense in accordance with agreement number below, no payment has been or will be received from any other source.										
Slaughter	Hei	rd rtification	l	7. Completed Herd Test of all Elig				Signature: Date:										
Livestock	Epi	demiology	8. Kind of He	NO. IN HERD		Route, Street, Road												
Market reason			Dairy	Negative		City	City State Zip Code											
Diagnostic	Are	ea Test	9. Species	Suspect		Remarks												
Private Sale		ner (specify emarks)	10. Laborato	Positive														
			Date	Totals														
			12. Test to R			_						14. Tes	t Results	S				
13. SAMPLE NO.		RECORD ALL II NUME	VACC. TATTOO AGI		BREED	SEX	ELISA CULTURE			TURE	PCR					Γ		

INSTRUCTIONS FOR THE JOHNE'S PROGRAM TEST RECORD CONTINUATION SHEET (VS FORM 4-30)

The purpose is to outline the Voluntary Bovine Johne's Disease Control Program test record form. The major objectives of the test record are to provide uniformity in recording and reporting tests for Johne's disease. To show specific information relative to each test in a herd and to include all pertinent information concerning the results. In addition, to facilitate the recording of uniform statistics information so that it will be readily available for special herd studies and program evaluation.

The instructions for the Continuation Johne's Test Record, below are listed within the record.

- 1. Enter State postal code.
- 2. Enter the County's name.
- 3. Premise ID number, owner number, and the kind of herds: Premise ID number is the code number for the herd, farm, ranch, dairy, or premises ID is to be recorded in this block by the States that are maintaining a master identification file.
- 4. Owner's Name and Address: Owner's Name and Address: In the top center portion of the form the herd owner's last name, first name, and middle initial should be printed or legibly written.
- 5. Completed Herd Test of All Eligible Animals- The testing veterinarian should check the applicable block. When the "No" block is checked, the total number of eligible animals in the herd should be recorded.
- 6. Sample Collection:
- · Samples No: Identifies the sample with animal identification.
- · Record all identification number(s):Record all Eartags(s) and Tattoo(s).
- · Vacc Tattoo: If vaccinated, the vaccination tattoo should be recorded in this space.
- \cdot Age(DOB (mm/day/ yy): The month, day, and year the animal was born.
- · Breed: Breed of Animal.
- · Sex: M for Male or F for Female.

7. Test Results:

- · ELISA: Enzyme-linked immunosobenent assay. Record result (S/P or OD valves) in the first column and the interpretation in the second column.
- · Culture: Record colony counts or time to positive in the first column and the interpretation in the second column
- · PCR: Polymerase chair reaction record quantitative results in the first column and the interpretation in the second column.
- Blank spaces: are for addition test that are requested.
- · Other Test and Results:

8. Signature of Testing Veterinarian:

Certifying that the testing veterinarian have collected samples for each animal identified below and have a correctly listed each Sample number with completed corresponding identification number all number and letters of all eartags have been listed, cattle with existing official eartags have not been retagged, and when payment is claimed at program expensed in accordance with agreement number below, no payment has been or will be received from any other source.

The Veterinarian should transmit all records to the central office as soon as possible.