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**OMB Approved**  
0579-0047  
Exp. XX/XXXX

STATE **ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION**

COUNTY CODE **COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM**  
**BRUCELLOSIS TEST RECORD**

HERD NUMBER HERD OWNER LAST FIRST INITIAL PREVIOUS TEST DATE VET CODE TOTAL REA SUS

PREMISES ID NO. ROUTE STREET ROAD CERTIFICATION FOR PAYMENT  
 FEDERAL EMPLOYEE  FEE BASIS (Federal)  STATE COUNTY  PRIVATE (owner's expense)  
 POST OFFICE STATE ZIP CODE

REASON FOR TEST  INITIAL  RETEST GPS COORDINATES  
 Slaughter Rea 1 Hd. Cert/ Validation 6  
 I CERTIFY:  
 That I have drawn blood samples from each animal identified below and have correctly listed each tube number with corresponding identification number, all numbers and letters of all 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 will be received from any other source.

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS STATE  
 YES  NO NO. IN HERD  
 Lyst. Mkt. Rea 2 Post Move Quar. Test 7  
 SUS- PECT

Susp. Ring Test 3 Area Test 8  
 KIND OF HERD  
 DAIRY  BEEF  MIXED  
 Diagnostic 4 Epidemiology 9  
 SWINE  OTHER (Specify below)  
 REAC- TOR

Pvt. State 5 Other (Specify below) 10  
 REMARKS LABORATORY PLACE DATE TOTAL  
 SIGNATURE AGREE CODE  
 ROUTE-STREET-ROAD DATE BLED  
 POST OFFICE STATE ZIP CODE FIELD TEST DONE BY:  
 REACTORS TAGGED AND BRANDED DATE: SIGNATURE: AGREE CODE

DATE LISTED BY: LABORATORY RESULTS TEST IN-TERP REMARKS AND ADDITIONAL INFORMATION REACTOR TAG NUMBER

| TUBE NO. | 2 | RECORD ALL IDENTIFICATION NUMBERS(S) | VACC TATTOO | AGE | BREED | SEX | FLD T | RAP | FPA | CARD | BAPA | CF | TEST IN-TERP | REMARKS AND ADDITIONAL INFORMATION | REACTOR TAG NUMBER |
|----------|---|--------------------------------------|-------------|-----|-------|-----|-------|-----|-----|------|------|----|--------------|------------------------------------|--------------------|
|          |   | 1                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 2                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 3                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 4                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 5                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 6                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 7                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 8                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 9                                    |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 10                                   |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 11                                   |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 12                                   |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 13                                   |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 14                                   |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |
|          |   | 15                                   |             |     |       |     |       |     |     |      |      |    |              |                                    |                    |

|  |                                    |                               |   |   |                            |
|--|------------------------------------|-------------------------------|---|---|----------------------------|
| RT - Retag<br>NA - Natural Addition<br>PA - Purchased Addition<br>AB - Aborter | Record ALL Eartag(s) and Tattoo(s) | Record ALL Legible Characters | FIELD TEST CODE<br>N - Negative<br>P - Positive | TEST INTERPRETATION<br>N - Negative Classified by: _____<br>S - Suspect<br>R - Reactor date Classified: | TEST AUTHORIZATION EXPIRES |
|--|------------------------------------|-------------------------------|---|---|----------------------------|



