

The information in this report is needed for effective monitoring and management of the Tuberculosis Federal-State Cooperative Program (9 CFR Part 77).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

STATE

STATE CODE

YEAR

ACCREDITED AREA SURVEILLANCE FOR TUBERCULOSIS

SECTION I – BOVINE POPULATION AND HERD STATUS

SECTION II – BOVINE POPULATION AND HERD STATUS

TYPE OF BOVINE	TOTAL HERDS A	TOTAL BOVINE B	TYPE OF BOVINE	TOTAL HERDS A	TOTAL BOVINE B
1. Dairy			9. Deer		
2. Beef			10. Elk		
3. Total Bovine Population (Lines 1+2)			11. All Other		
4. Accredited Herds			12. Total Cervine Population (Lines 1+2+3)		
5. Herds Under Quarantine			13. Accredited Herds		
6. M.bovis Confirmed or Suspicious Herds			14. Qualified Herds		
7. Total No Herds Quarantined During Year			15. Monitored Herds		
8. Total No. Herds Released From Quarantine During Year			16. Herds Under Quarantine		

SECTION III – SLAUGHTER WITHIN THE STATE

	TOTAL BOVINE A	TOTAL CERVINE B	BREAKDOWN OF 20A (Total Bovine)		BREAKDOWN OF 20B (Total Cervine)	
17. M.bovis Confirmed or Suspicious Herds			23. Mature		26. Mature	
18. Total No. Herds Quarantined During Year			24. All Other		27. All Other	
19. Total No. Herds Released From Quarantine During Year			25. TOTAL		28. TOTAL	
20. No. Slaughtered			29. BREAKDOWN OF ITEM 20A			
21. No. of VS 6-35s			<input type="checkbox"/> Federal Slaughter <input type="checkbox"/> State Slaughter <input type="checkbox"/> Both			
22. Rate of VS 6-35 Submissions (Line 14 (divided by) Line 13 x 100,000)			30. BREAKDOWN OF ITEM 20B			
			<input type="checkbox"/> Federal Slaughter <input type="checkbox"/> State Slaughter <input type="checkbox"/> Both			

SECTION IV – NAMES OF M.bovis CONFIRMED OR SUSPICIOUS HERDS (List each Herd show in Item 6A and 17A)

ACCREDITATION REQUEST	APPROVAL (Staff Use Only)	
We certify that this area is being maintained under and complies with provisions of:	This area is approved as a tuberculosis:	
<input type="checkbox"/> The Uniform Methods and Rules governing Modified Accredited Status	<input type="checkbox"/> MODIFIED ACCREDITED AREA	
<input type="checkbox"/> The Uniform Methods and Rules governing Accredited Free Status	<input type="checkbox"/> ACCREDITED FREE AREA	
SIGNATURE OF STATE OFFICIAL	NAME OF STATE OFFICIAL (Please print or type)	DATE
SIGNATURE OF FEDERAL PRIVATE PRACTITIONER IN CHARGE	NAME OF FEDERAL V-I-C (Please print or type)	DATE
SIGNATURE OF VETERINARY SERVICES OFFICIAL	NAME OF V-S-O (Please print or type)	DATE

SECTION V – SPECIAL RETEST OF HIGH RISK HERDS (UM&R, PART X)

TESTS OF HERDS WITH M.bovis INFECTION CONFIRMED BUT HERD NOT DEPOPULATED

HERD OWNER	QUARANTINE RELEASE	1 ST ; 1 YR RETEST	2 ND ; 1 YR RETEST	3 RD ; 1 YR RETEST	4 TH ; 1 YR RETEST	5 TH ; 1 YR RETEST	1 ST ; 3 YR RETEST	2 ND ; 3 YR RETEST

TESTS OF HERDS WITH HISTORY OF LESIONS SUSPICIOUS OF M.bovis BUT NOT CONFIRMED

HERD OWNER	QUARANTINE RELEASED	1 ST ANNUAL RETEST	2 ND ANNUAL RETEST	OTHER

REPORT OF PREMISES WHERE A TUBERCULOSIS HERD WAS DEPOPULATED

HERD OWNER	DATE RESTOCKED	1 ST RETEST <i>(in 6 months)</i>	2 ND RETEST 1 YEAR AFTER 1 ST	3 RD RETEST 3 YRS AFTER 2 ND	4 TH RETEST 3 YEARS AFTER 3 RD