

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 number. The OMB control number for this information collection is 0579-0047. 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 collection of information.

OMB Approved
0579-0047 and 0579-0185

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM

BRUCELLOSIS TEST RECORD

STATE		HERD OWNER		LAST	FIRST	INITIAL	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS	
COUNTY	CODE											
HERD NUMBER	ROUTE STREET ROAD											
PREMISES ID NO.	POST OFFICE		STATE	ZIP CODE								
REASON FOR TEST		<input type="checkbox"/> INITIAL	<input type="checkbox"/> RETEST	GPS COORDINATES								
Slaughter Rea	1	Hd. Cert/ Validation	6	COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS <input type="checkbox"/> YES <input type="checkbox"/> NO NO. IN HERD KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED <input type="checkbox"/> SWINE <input type="checkbox"/> OTHER (Specify below)				STATE		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.		
Lvst. Mkt. Rea	2	Post Move Quar. Test	7					NEG-ATIVE				
Susp. Ring Test	3	Area Test	8					SUS-PECT				
Diagnostic	4	Epidemiology	9					REAC-TOR				
Pvt. Sate	5	Other (Specify below)	10					TOTAL				
REMARKS				LABORATORY PLACE		DATE		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	F P A	CARD	BAPA	CF			
		1														
		2														
		3														
		4														
		5														
		6														
		7														
		8														
		9														
		10														
		11														
		12														
		13														
		14														
		15														

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