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OMB APPROVED
0579-0146
Exp. xx/xx/xxxx

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			17. M.bovis Confirmed or Suspicious Herds			
	TOTAL BOVINE A	TOTAL CERVINE B	18. Total No. Herds Quarantined During Year			
20. No. Slaughtered			19. Total No. Herds Released From Quarantine During Year			
21. No. of VS 6-35s			BREAKDOWN OF 20A (Total Bovine)		BREAKDOWN OF 20B (Total Cervine)	
22. Rate of VS 6-35 Submissions (Line 14 (divided by) Line 13 x 100,000)			23. Mature		26. Mature	
			24. All Other		27. All Other	
			25. TOTAL		28. TOTAL	
29. BREAKDOWN OF ITEM 20A <input type="checkbox"/> Federal Slaughter <input type="checkbox"/> State Slaughter <input type="checkbox"/> Both			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 shown 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"/> The Uniform Methods and Rules governing Modified Accredited Status	
<input type="checkbox"/> The Uniform Methods and Rules governing Accredited Free Status	<input type="checkbox"/> The Uniform Methods and Rules governing Accredited Free Status	
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 RETESTS 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 M.bovis, BUT NOT CONFIRMED

HERD OWNER	QUARANTINE RELEASE	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 YRS AFTER 3 RD