

1. State	UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES
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2. County	VOLUNTARY BOVINE JOHNE'S DISEASE CONTROL PROGRAM TEST RECORD
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3. Premises ID	4. Herd Owner	Last	First	M.I.
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Route-Street-Road			11. Certification		
City			<input type="checkbox"/> Federal Employee <input type="checkbox"/> Fed Basis (<i>Federal</i>) <input type="checkbox"/> State County <input type="checkbox"/> Private (<i>Owner's Expense</i>)		
5. Reason for Test	6. RGE	TWP	SEC	GPS Location	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 numbers 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.
<input type="checkbox"/> Initial <input type="checkbox"/> Retest					
7. Completed Herd Test of all Eligible Animals					

Slaughter	Herd Certification	7. Completed Herd Test of all Eligible Animals <input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. in Herd	Signature	Date
			Route-Street-Road	

Live Market Reason	Epidemiology	8. Kind of Herd <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Mixed	Summary	City	State	ZIP Code
			Negative			

Diagnostic	Area Test	9. Species	Suspect	REMARKS
Private Sale	Other (<i>Specify in remarks</i>)	10. Laboratory	Positive	
		Date	Totals	

12. Tests to Run						14. Test Results							
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13. Sample No.	Record all Identification Number (s)	Vacc. Tattoo	Age	Breed	Sex	Elisa	Culture	PCR		

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

The major objectives of the test records are to provide uniformity in recording and reporting tests for Johne's disease, to show specific information relative to each test in a herd including all pertinent information concerning the results, and 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 Johne's Test Record below are listed within the record.

1. Enter State.
2. Enter the County's name.
3. Premises ID number, and the kind of herds: Premises ID number is the code number for the herd, farm, ranch, or dairy. 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: 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. Reason for Test: Initial or a Retest. Check one or more boxes for the reason for the test as Slaughter, Herd Certificate, Livestock Market Reason, Area Test, Diagnostic, Epidemiology, Private Sale, or Other (*specify in Remarks.*)
6. Range (*RGE*), Township (*TWP*), Section (*SEC*), and Global Position System (*GPS*). GPS coordinates: Spaces are provided in the upper left hand section of the form underneath the name and address of the premises. GPS coordinates help to determine the latitude and longitude of the location.
7. 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.
8. Kind of Herd: This space is provided to show on the chart whether the purpose of the herd is dairy, beef, or mixed breeds.
9. Species: Cattle, Sheep, Goats, etc.
10. Enter the name of the laboratory and the date the sample was sent.
11. Certification for Payment: The appropriate block should be checked by the testing veterinarian. All private tests (*at owner's expense*) should be check in the private block. The complete mailing address of the veterinarian completing the work should be printed or legibly written.

REMARKS: This section is located in the middle of the right hand side of the form. It is available space for additional comments and if you have additional tests to run.

12. Tests to Run: Identify the test type to be run (*Elisa, fecal culture, PCR, etc.*)
13. Sample Collection:
Sample No.: Identifies the sample with animal identification.
Record all Identification Number(s). Record all Eartag(s), and Tattoo(s).
Vacc. Tattoo: If vaccinated, the vaccination tattoo should be recorded in this space.
Age DOB (*mm/yy*): The month and year the animal was born.
Breed: Breed of animal
Sex: M for Male or F for Female.

14. Test Results:
Elisa: Enzyme-linked immunosobenant assay. Record result (*S/P or OD values*) 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 chain reaction quantitative results in the first column and the interpretation in the second column. Blank spaces are for additional tests that are requested.

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