INSTRUCTIONS FOR THE JOHNE'S PROGRAM TEST RECORD ON REVERSE

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UNITED STATES DEPARTMENT OF AGRICULTURE

OMB APPROVED 0579-0338 EXP XX/XXXX

| ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES |  |                           |             |                 |            |                 | VOLUNTARTY BOVINE JOHNE'S DISEASE CONTROL PROGRAM<br>TEST RECORD (CONTINUATION SHEET) |         |      |                |  |        |      |         |  |  |
|--|--|---------------------------|-------------|-----------------|------------|-----------------|---|---------|------|----------------|--|--------|------|---------|--|--|
| 1. STATE   |  | 4. HERD OWNER'S LAST NAME |             |                 |            | FIRST NAME      |   |         |      | MIDDLE INITIAL |  |        |      |         |  |  |
| 2. COUNT   | Y  | DRESS                     |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
| 3. PREMIS  | SIS ID   | ROUTE-STF                 | REET-ROA    | AD.             |            |                 |   |         |      |                |  |        |      |         |  |  |
| CITY   |  |                           |             |                 |            |                 |   |         | STAT | STATE ZIP CODE |  |        |      |         |  |  |
|  | 5. COMP  | LETED HERD                | TEST OF     | ALL ELIGIE      | BLE ANIM   | ALS             | YES   | NO      |      |                |  | NO. IN | HERD |         |  |  |
| 6. SAMPLE COLLECTION   |  |                           |             |                 |            | 7. TEST RESULTS |   |         |      |                |  |        |      |         |  |  |
| SAMPLE<br>NUMBER   | RECORD ALL IDENTIFICATION NUMBER(S)  | VACC.<br>TATTOO           | AGE         | BREED           | SEX        | ELISA           |   | CULTURE |      | PCR            |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
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|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
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|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
|  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
| I CERTIFY  |  |                           |             |                 |            |                 |   |         |      |                |  |        |      |         |  |  |
| That I have and letters  | collected samples for<br>of all eartags have be  | en listed, cattl          | e with exis | ting official e | eartags ha | ve not be       | en retagge  |         |      |                |  |        |      |         |  |  |
|  | agreement number below, no payment has been or will be received from any other source.  3. SIGNATURE |                           |             |                 |            |                 |   |         |      |                |  |        |      | 9. DATE |  |  |

## INSTRUCTIONS FOR THE JOHNE'S PROGRAM TEST RECORD (VS Form 4-30A)

The purpose is to outline the Voluntary Bovine Johne's Disease Control Program Test Record form. The major objective of the test record is to provide uniformity in recording and reporting tests for Johne's disease, show specific information relative to each test in a herd, and to include all pertinent information concerning the results. In addition, it will 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 by number within the record.

- 1. Enter the State postal code.
- 2. Enter the County's name.
- 3. Premise ID number, owner number and the kind of herds: Premise ID number is the code number for the herd, farm, ranch, dairy, or 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, and complete mailing address should be printed or legibly written.
- 5. 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.
- 6. Sample Collection:
  - Samples 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 the animal
  - Sex: M for Male and F for Female.
- Test Results:
  - Elisa: Enzyme-linked immunosobenent assay. Record result (S/P or OD valves) 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 chair reaction record quantitative results in the first column and the interpretation in the second column. Blank spaces: are for addition test that are requested.
- 8. Signature and Date of Testing Veterinarian: Certifying that the testing veterinarian have collected samples for each animal identified below and have a correctly listed each Sample number with completed corresponding identification number all number and letters of all eartags have been listed, cattle with existing official eartags have not been retagged, and when payment is claimed at program expensed in accordance with agreement number below, no payment has been or will be received from any other source.

THE VETERINARIAN SHOULD TRANSMIT ALL RECORDS TO THE CENTRAL OFFICE AS SOON AS POSSIBLE.