

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											
COUNTY	CODE										
HERD NUMBER	HERD OWNER	LAST	FIRST	INITIAL	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS		
PREMISES ID NO.	ROUTE STREET ROAD				CERTIFICATION FOR PAYMENT						
	POST OFFICE				STATE		ZIP CODE		<input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (Federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (owner's expense)		
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			
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		TOTAL		SIGNATURE		
									AGREE CODE		
									ROUTE-STREET-ROAD		
									DATE BLED		
									FIELD TEST DONE BY:		
									REACTORS TAGGED AND BRANDED DATE: SIGNATURE:		
									AGREE CODE		

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.

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



