

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 valid OMB control number for this information collection is 0579-0047 and 0579-0185. 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

STATE _____ **ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION**

COUNTY _____ CODE _____ **COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM**

BRUCELLOSIS TEST RECORD

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		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.		
Slaughter Rea 1	Hd. Cert/Validation 6	COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS			
Lvst. Mkt. Rea 2	Post Move Quar. Test 7	<input type="checkbox"/> YES <input type="checkbox"/> NO			NO. IN HERD
Susp. Ring Test 3	Area Test 8	KIND OF HERD			
Diagnostic 4	Epidemiology 9	<input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED			
Pvt. Sale 5	Other (Specify below) 10	<input type="checkbox"/> SWINE <input type="checkbox"/> OTHER (Specify below)		SIGNATURE _____ ROUTE-STREET-ROAD _____ POST OFFICE STATE ZIP CODE _____ REACTORS TAGGED AND BRANDED DATE: _____ SIGNATURE: _____	
REMARKS	LABORATORY PLACE	DATE	TOTAL	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	FPA	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
--	------------------------------------	-------------------------------	---	---	----------------------------