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

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															

<b>RT - Retag</b> <b>NA - Natural Addition</b> <b>PA - Purchased Addition</b> <b>AB - Aborter</b>	<b>Record ALL Eartag(s) and Tattoo(s)</b>	<b>Record ALL Legible Characters</b>	<b>FIELD TEST CODE</b> <b>N - Negative</b> <b>P - Positive</b>	<b>TEST INTERPRETATION</b> <b>N - Negative Classified by: _____</b> <b>S - Suspect</b> <b>R - Reactor date Classified: _____</b>	<b>TEST AUTHORIZATION EXPIRES</b>
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