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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 \_\_\_\_\_

PREMISES ID NO. \_\_\_\_\_ ROUTE STREET ROAD \_\_\_\_\_ CERTIFICATION FOR PAYMENT

POST OFFICE \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  FEDERAL EMPLOYEE  FEE BASIS (Federal)  STATE COUNTY  PRIVATE (Owner's expense)

REASON FOR TEST  INITIAL  RETEST \_\_\_\_\_ GPS COORDINATES \_\_\_\_\_

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 _____  <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) _____	SUMMARY NEG-ATIVE SUS-PECT REAC-TOR TOTAL
Lvst. Mkt. Rea	2	Post Move Quar. Test	7		
Susp. Ring Test	3	Area Test	8		
Diagnostic	4	Epidemiology	9		
Pvt. Sale	5	Other (Specify below)	10		

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.

REMARKS \_\_\_\_\_

LABORATORY PLACE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ AGREE CODE \_\_\_\_\_

ROUTE-STREET-ROAD \_\_\_\_\_ DATE BLED \_\_\_\_\_

POST OFFICE \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ FIELD TEST DONE BY: \_\_\_\_\_

REACTORS TAGGED AND BRANDED DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ AGREE CODE \_\_\_\_\_

TUBE NO.	2	RECORD ALL IDENTIFICATION NUMBERS(S)	VACC TATTOO	AGE	BREED	SEX	FLD T	LABORATORY RESULTS						TEST IN-TERP	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER
								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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