

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL VETERINARY SERVICES LABORATORIES  
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010  
515-337-7514

**SPECIMEN COLLECTION**  
**Bovine Tuberculosis**  
**Reactors, Suspects, and Trace-Exposed**

**Use this form only as a supplement to VS Form 10-4. See reverse for instructions.**

1. SUBMITTER NAME (INCLUDING BUSINESS NAME)	2. NVSL SUBMITTER ID	3. OWNER NAME <input type="checkbox"/> CHECK IF WILDLIFE (NO OWNER)
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<b>4. IDENTIFICATION</b>				
OFFICIAL ANIMAL ID	HERD/MANAGEMENT TAG	BREED/SPECIES	AGE	SEX

TRACE-EXPOSED ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM WHICH AFFECTED HERD (NAME OR STATE)
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<b>5. PRIOR TEST RESULTS (CHECK APPROPRIATE BOX)</b>		
CAUDAL FOLD (CFT) TEST OR SINGLE CERVICAL TEST (SCT)	<input type="checkbox"/> POSITIVE	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> NOT DONE
COMPARATIVE CERVICAL (CCT)	<input type="checkbox"/> REACTOR	<input type="checkbox"/> SUSPECT <input type="checkbox"/> NOT DONE
INTERFERON GAMMA ELISA RESULT DPP TEST RESULTS	<input type="checkbox"/> NOT DONE	
OTHER ANTEMORTEM TEST RESULTS		

**6. EXAMINE AND SUBMIT THE FOLLOWING LYMPH NODES (LN):**

SAMPLE ID	LN	CHECK BOX IF NO GROSS LESIONS (NGL)	DESCRIBE LESIONS, IF PRESENT
	<b>HEAD LN POOL</b>		
	MEDIAL RETROPHARYNGEAL	<input type="checkbox"/> NGL	
	LATERAL RETROPHARYNGEAL	<input type="checkbox"/> NGL	
	MANDIBULAR	<input type="checkbox"/> NGL	
	PAROTID	<input type="checkbox"/> NGL	
	<b>THORACIC LN POOL</b>		
	TRACHEOBRONCHIAL	<input type="checkbox"/> NGL	
	CRANIAL, MIDDLE, CAUDAL MEDIASTINAL	<input type="checkbox"/> NGL	
	<b>ABDOMINAL LN POOL</b>		
	MESENTERIC	<input type="checkbox"/> NGL	
	HEPATIC	<input type="checkbox"/> NGL	

**7. EXAMINE THE FOLLOWING TISSUES BUT SUBMIT ONLY IF LESIONED:  
LUNG, PLEURA, LIVER, SPLEEN, OVARIES, UTERUS, PRESCAPULAR LN, CERVICAL LN, POPLITEAL LN, MAMMARY LN, AND/OR ILIAC LN**

SAMPLE ID	BRIEF DESCRIPTION OF LESIONED TISSUE

## VS FORM 10-7 INSTRUCTIONS

**THIS FORM IS INTENDED AS A SUPPLEMENT TO VS FORM 10-4 AND MUST BE ACCOMPANIED BY VS FORM 10-4.** ALL information must be printed legibly or typed. **USE A SEPARATE FORM FOR EACH ANIMAL.**

### 1 and 2. SUBMITTER CONTACT INFORMATION

Enter the submitter's business name/affiliation and NVSL Submitter ID (if available) exactly as entered on VS Form 10-4.

### 3. OWNER INFORMATION

Enter the name of the animal owner as entered on VS Form 10-4.

### 4. IDENTIFICATION

**Sample ID** – Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.

**Official Animal ID** – Record the animal's national identification tag number. NOTE: Laboratory results will be reported by animal identification number.

**Herd/Management Tag** – Record the identification used within the herd or management system.

**Breed** – Enter the animal breed or species (e.g., *Holstein, Angus, Fallow Deer*).

**Age** – Indicate the approximate age in years (y) or months (m).

**Sex** – Indicate the sex, male (M), or female (F).

### 5. PRIOR TEST RESULTS

Enter the results of prior tests and examinations performed on the animal.

### 6. EXAMINE AND SUBMIT LYMPH NODES

Examine and submit the indicated lymph nodes. Check whether lesions were noted on each tissue and add any pertinent comments.

Unless otherwise directed by a USDA tuberculosis epidemiologist, use separate containers for head, thoracic, and abdominal lymph nodes from the animal, including those with no gross lesions.

**Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**

**7. EXAMINE OTHER TISSUES. SUBMIT ONLY IF LESIONS ARE FOUND.** Examine each tissue listed in this section but submit samples only if lesions are found. Submit lesioned tissues in separate containers from lymph nodes listed in Block 6. Provide a brief description of the lesions found on each submitted tissue.

The FSIS Guidebook may be helpful for identifying tuberculosis lesions:

See [www.aphis.usda.gov/animal\\_health/animal\\_diseases/tuberculosis/downloads/tb\\_guidebook.pdf](http://www.aphis.usda.gov/animal_health/animal_diseases/tuberculosis/downloads/tb_guidebook.pdf) for instructions on submitting tuberculosis lesions and/or thoracic granulomas.

## I. TISSUE SELECTION AND PRESERVATION

- A. AVOID CONTAMINATION: Remove excess fat.
- B. Divide lesions in half. Place one portion in formalin for histopathology and place the remaining portion in borate or whirl-pack for culture.
- C. HISTOLOGY PORTION: Cut specimen, including normal tissue surrounding lesion, into slices approximately 1 cm (½ inch) thick. Prior to placing in formalin.
- D. CULTURE PORTION: Place the intact portion of the sample into borate or whirl-pack. Do NOT cut the sample into slices.
- E. Maximum tissue to preservative ration: Formalin – 1:10  
Borate – 1:1

## II. IDENTIFYING DEVICES

If the identifying devices will not be held locally, place the identifying devices from each animal in a plastic bag, and send to the NVSL in the box with the specimens.

## III. SHIPPING SAMPLES

- A. Shipping containers are available from the NVSL. Contact the shipping department at 515-337-7530 or [NCAH.Shipping@aphis.usda.gov](mailto:NCAH.Shipping@aphis.usda.gov).
- B. No refrigeration is required for borate or formalin. Ice packs are required for fresh tissue. DO NOT FREEZE; freezing ruins specimens.
- C. PREVENT LEAKAGE: Tighten and tape caps.
- D. SECONDARY CONTAINER: Place samples in a leak-proof bag.
- E. ABSORBENT PAD: Place absorbent material in bag with samples to absorb any leakage.
- F. IDENTIFYING DEVICES: Place in separate plastic bag with samples.
- G. SHIPPING CONTAINER- Insert sealed secondary container into an approved diagnostic shipping container and seal.
- H. SUBMISSION FORMS: Place between sealed secondary container and outside mailer.
- I. RETURN ADDRESS: Provide complete return address on mailing label.

Ship submissions to:

**USDA, APHIS  
NATIONAL VETERINARY SERVICES LABORATORIES  
1920 DAYTON AVE  
AMES, IOWA 50010  
TELEPHONE NUMBER: 515-337-7212**

## IV. ADDITIONAL GUIDANCE

For questions regarding histology, contact the NVSL Pathobiology Laboratory at 515-337-7912.

For questions regarding bacteriology, contact the NVSL Diagnostic Bacteriology Laboratory at 515-337-7388.