U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

INVESTIGATION FOR EVIDENCE OF TUBERCULOSIS (Potential Source Herds)

CODES - (The fo	llowing codes	are to be	used under	he respe	ective colur	nn	headings	s) _	_									
RI	EASON FOR T	EST (20)		HER	RD TEST LESION CODE (21) SEX (34)						34)	REA	СТС	R LES	ION (35)		LAB RES	ULTS (36)
1. AREA 2. HERD ACCRE 3. COMPLY WIT 4. SALE, SHOW EXPORT SHIF 5. IMPORTED A 6. RETEST OF C 7. AFTER TRAC REGULAR KII 8. AFTER TRAC 9. AFTER TRAC 10. OTHER (Miss	1. HO 2. HEI 3. JEF 4. GU	DENOTES ALL LOCATIONS OF LESIONS FOUND IN ALL OF THE REACTORS ON A HERD TEST BREED (33) 1. HOLSTEIN 6. AY 2. HEREFORD 7. SH 3. JERSEY 8. SW 4. GUERNSEY 9. OT 5. ANGUS					EE	R	0. NO P.N 1. NGL 2. SKIN 3. HEAD 4. THORA 5. ABDO! 6. HEAD 7. HEAD 8. THORA 9. HEAD ABDO!	; AL HORAC BDOMII S & ABE HORAC	NAL OMINAI	_	1. COMPA 2. SUGGES 3. NOT SU 4. NO SPE	STIVE GGESTIVE				
SECTION 1 - OWNERSHIP AND IDENTIFICATION OF REACTOR(S) PURC													M A	KNOV	/N 3 0UF	CE		
NAME AND ADD Number if known,		NER OF IN	NFECTED HE	RD (inclu	de State, ZI	PC	Code, and	l Pr	remises	s Ide	entificat	tion	1. 3.	N	AME (2-	7)	COUNTY (8-10)	STATE (11-12)
COUNTY		STA	ATE				0/	W٨	NER CL	.AS	S (Che	ck one) (1	3)		DATE TEST READ (Mo.,		REASON FOR TEST	HERD LESION
							1. FARM			Ļ		KYARD				day, yr.)(14-19)	-	CODE (21)
							2. DEAL					S RING						
	The following animal reacted to the tuberculin test, and was reported to have been purchased from the previous owner named below. All herds with which this animal may have been associated previously Should be investigated for evidence of TB.														nimal may			
IDENTIFICATION	REACTOR	AGE	BREED	SEX	ORIGIN	T	LESION	T	LAB		DE	ESCRIPTIO	N (Color, markings, horn)			n)	DATE PUR	CHASED
TAGS OR TATTOO (22-30)	TAGS OR TAG (31-32) (33) (34)							RESULTS (36)				egistration N	id name	if purebre	d)	MONTH (37-38	YEAR (39-40)	
		4																
			SECTIO	N II - PRE	EVIOUS OW	/NE	R OF AN	ИIM	IAL FO	UN	D TO E	BE A REAC	сто	R				
PURCHASED FR	OM (Herd to be	e investiga	ated)				A	ADI	DRES	S (II	nclude l	Premises I	dent	ificatior	Numbe	r, if kr	nown)	
COUNTY				STA	TE OWNER							R CL	ASS (Check one)					
						1. FARMER							3	. STOCKYARD				
						2. DEALER							4	4. SALES RING				
	SECTI	ON III - IN	TERSTATE N	OVEME	NT (Furnish	th	e followii	ng	inform	ati	on whe	en intersta	te m	oveme	nt is inv	olve	d)	
SERIAL NUME ADDRESS, AND ON THE HEALTH WHEN MOVED IN be located, a state IF THE ANIMA	OTHER PERTI I CERTIFICATE NTERSTATE. (ement to the eff	NENT INF E COVERI If the heal fect should	FORMATION SING THE ANIMED THE ANI	SHOWN MAL annot														
STATE OF ORIG KNOWN, OR GIV THAT MAY MAKE	IN - LIST THE (E ANY OTHER	ORIGINAL R PERTINE	TAG NUMBE	R IF														
3. ALL TEST DA' WHICH THE SUB HAS ENTERED T been made, it sho	JECT ANIMAL HE RECEIVIN	. WAS A M G STATE.	MEMBER AFT	ER IT														
4. DISTRIBUTIO	N: 1 COPY - V	ETERINA	RIAN IN CHA	RGE; 1 C	OPY - VS, I	RIV	ERDALE,	, M	/ID.; 1 C	OP	Y - STA	ATE VETE	RINA	ARIAN				
REPORT SENT I INSPECTOR	SIGNATUI	GNATURE OF VETERINARIAN IN CHARGE OR DESIGNEE									DATE	DATE						

	SECTION IV - REPORT OF RESULTS OF INVESTIGATION AFTER TRACING A REACTOR																
PREVIOUS OWNER (41)					ADDRESS	(Include P	rem	nisis Iden	tification Numbe	r if k	nown)			NAME (42-47)		OUNTY 48-50)	STATE (51-52)
1															,		
COUNTY STATE						CLASS ne) (53)		Н	OW WAS RE		STED IN PAR R (Check on	T 1 ACQUIRED BY e) (54)		JRCHASED r.) (55-58)			
					1. FARMER			3. STO	CKYARD		1. RAISED ON FARM 3. PU		3. PUR	PURCHASED UNK. SOUR		₹CE	
	_				2. DEAL	.ER		4. SAL	ES RING		2. ORIGIN U	JNKNOWN	4. PURO	HASED KNOWN SO	URCE		
HERD	DA		NUMBER OF				HERD TEST			NUMB	ER OF REAC	TORS		KED CODE			
TEST RESULT S	RESULT (59-60) (61-62) (63-64)					ALS TESTED REA (65-67) (6			LESION CODE (70)	NO P.M. REPORT (71)		NGL (72-74)	SKIN (75-76)	INTERNAL LES (77-78)	SION	(79-80)	

REMARKS (Reason test not made on this herd)

PREVIOUS OWNER (41)				A	ADDRESS (Include Premisis Identification Number, if known)										NAME (42-47)	COUNTY (48-50)		STATE (51-52)
2																		
COUNTY STATE						OWNE (Chec		LASS e) (53)		HOW WAS REACTOR LISTED IN PART 1 ACQUIRED BY THIS OWNER (Check one) (54)								JRCHASED r.) (55-58)
			1. FARMER 3.			3. ST	TOCKYARD		1. RAISED ON FARM 3. F			3. PUR	CHASED UNK. SOL	JRCE				
			2. DEA	LER		4. SA	LES RING	2. ORIGIN UNKNOWN 4. PI		4. PURO	PURCHASED KNOWN SOL							
HERD	DAT	TE TEST F	READ		NUMB	ER OF			HERD TEST	NUMBER OF REA					ORS		KED CODE	
RESULTS	TEST MONTH DAY YEAR (59-60) (61-62) (63-64)					REAC (68	CTOI 8-69)		LESION CODE (70)	NO P.M. REPORT (71)		NGL (72-74)	SKIN (75-76)		INTERNAL LESION (77-78)		(7	9-80)

REMARKS (Reason test not made on this herd)

PREVIOUS OWNER (41)					ADDRESS (Include Premisis Identification Number if known)											NAME (42-47)	COUNTY (48-50)	STATE (51-52)
3																		
COUNTY STATE					OWNER CLASS (Check one) (53)								ACTOR LIS OWNE		DATE PURCHASED (Mo., yr.) (55-58)			
					1. FARMER 3.				3. ST	OCKYARD	1. RAISED ON FARM			3. PURCHASED UNK. SOURCE				
				_	2.	.ER		4. SA	LES RING	2. ORIGIN UNKNOWN			1	4. PURCHASED KNOWN SOURC				
HERD					NUMBER OF					HERD TEST	NUMBER OF R					ORS	REMARKE	
TEST RESULTS	MONTH (59-60)	DAY (61-62)	YEAR (63-64)	ANIMAL (6	_S TEST 65-67)	TED	REACT (68-6			LESION CODE (70)		NO P.M. EPORT (71)	NGL (72-74)	_	KIN 5-76)	INTERNAL LESION (77-78)	(79-	80)

REMARKS (Reason test not made on this herd)

REPORT OF RESULTS OF INVESTIGATION SENT TO VETERINARY SERVICES, RIVERDALE, MD SIGNATURE OF VETERINARIAN IN CHARGE OR DESIGNEE	DATE

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0146. The time required to complete this information collection is estimated to average 1.5 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 0579-0146 EXP. XX/XXXX