OMB APPROVED
0579-0047
EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

APPLICATION FOR VALIDATION OF A BRUCELLOSIS-FREE AREA

The information in this report is needed for effective monitoring and management of the Brucellosis Federal-State Cooperative Program (*9 CFR Parts 51 and 78*).

GEOGRAPHIC AREA

STATE

APPLICATION FOR BRUCELLOSIS-FREE

The following basic requirements have been met:

(1) In accordance with the provisions of the current Brucellosis Eradication-Uniform Methods and Rules, the required testing has been completed and the incidence of Brucellosis did not exceed the limits specified.

(2) All swine herds in which brucellosis was disclosed have been slaughtered or released from quarantine. No known foci of swine brucellosis remain in the area. There are no pending tests of swine herds suspected of being affected with Brucellosis.

(3) Procedures for maintaining continuous surveillance of the swine population as prescribed by the Brucellosis Eradication-Uniform Methods and Rules, are adequate to locate swine brucellosis if introduced into the area.

If reactors are disclosed in the Area in the future they will be reported promptly to Veterinary Services, Riverdale, Maryland 20737.

We request that this Area be declared a Validated Brucellosis-Free Area.

SIGNATURE OF STATE OFFICIAL	TITLE	DATE
SIGNATURE OF FEDERAL VETERINARIAN IN CHARGE		DATE

CERTIFICATION

Veterinary Services hereby declares the above Area

A VALIDATED BRUCELLOSIS-FREE AREA

beginning_____, and ending _____

SIGNATURE OF VS CERTIFYING OFFICER	DATE

VS FORM 4-1D   *Previous edition may be used.*   (OVER)
FEB 2009

TESTING SUMMARY

1. REQUEST FOR BRUCELLOSIS-FREE ☐ VALIDATION ☐ REVALIDATION ☐ REINSTATEMENT	2. GEOGRAPHIC AREA	3. STATE

4. QUALIFYING METHOD

☐ COMPLETE HERD (Area) TESTING ☐ ALTERNATE METHOD 1 ☐ ALTERNATE METHOD 2 ☐ OTHER (*Specify*)

5. TOTAL HERDS IN AREA (*Item 6a + 7*)	6. HERDS IN AREA QUALIFIED BY COMPLETE HERD TESTS		
	A. Total No. of Herds Tested	B. Total No. of Swine Tested (*6 mos. of age and older*)	C. Total No. of Swine Not Tested (*Under 6 mos. of age*)

7. TOTAL NO. OF HERDS IN AREA NOT TESTED (*Specify reasons not testing each herd in item 18*)	8. SWINE HERDS IN AREA SELLING BREEDING STOCK		
	A. Total No. of Herds	B. No. of Herds Tested	C. Total No. of Herds Validated Brucellosis-Free

9. ELIGIBLE SWINE SLAUGHTERED

A. No. Slaughtered	B. No. of Blood Samples Collected	C. Percent Collected (*9B ÷ 9A*) %

10. MST REACTORS TRACED TO HERD OF ORIGIN

A. No. of Reactors Traced (*item 10A + 11A = 14E*)	B. Percent of Reactors Not Traced (*item 11A ÷ 14E*) %	C. Total of Herds Tested

11. MST REACTORS NOT TRACED TO HERDS OF ORIGIN		12. TRACEBACK CAPABILITY (*item 9C x 10B*)	13. TESTING DATES	
A. No of Reactors Not Traced	B. Percent of Reactors Not Traced (*item 11A ÷ 14E*) %		From	To

SWINE OR HERD CLASSIFICATION	NUMBER		RESULTS OF BLODD TESTS			
			INFECTED HERDS		REACTOR SWINE	
	A. HERDS	B. SWINE	C. NUMBER	D. PERCENT (*Col. C ÷ A*)	E. NUMBER	F. PERCENT (*Col. E ÷ B*)
14. Market Swine Tests	▓		▓	▓		▓
15. Test of Herds of origin of MST reactors				▓		▓
16. Other complete herd blood tests				▓		▓
17. Totals				%		%

18. SUMMARY: (Give a brief history of the swine brucellosis status of the area including the date the last infected animal was found. Also, indicate the date of quarantine release of slaughter for this herd. The method of identification of slaughter animals used and other pertinent information should be briefly described. Attach additional sheet if necessary.