

USDA - APHIS - VETERINARY SERVICES

OMB APPROVED  
0579-0146  
EXP: XX/XXXX

**COMPARATIVE CERVICAL TUBERCULIN TEST RESULTS**     **BOVINE**     **CERVINE**    OR     **OTHER** \_\_\_\_\_

**NAME OF HERD OWNER** *(Last, First, Middle Initial)*

**ADDRESS** *(Including Zip Code)*

**COMPARATIVE TEST**

**NUMBER TESTED**    **DATE INJECTED**

**COMPARATIVE RETEST**  
 1ST     2ND     3RD

**PRIOR CFT OR SCT**

**NUMBER TESTED**    **DATE INJECTED**

**NEG.**    **SUS.**    **REA.**

**NAME OF VETERINARIAN**

**TITLE**

**DATE**

