

See reverse for instructions.

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 5 minutes 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

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES												1. TYPE OF INSPECTION <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL			2. ESTABLISHMENT NUMBER					
REPORT OF TUBERCULOSIS LESIONS OR THORACIC GRANULOMAS IN REGULAR KILL ANIMALS												3. SPECIES <input type="checkbox"/> BOVINE <input type="checkbox"/> CERVINE <input type="checkbox"/> PORCINE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER (<i>Specify</i>)								
4. DATE SLAUGHTERED				5. LOT NUMBER				6. NUMBER IN LOT			7. NUMBER WITH LESIONS									
8. ESTABLISHMENT NAME AND ADDRESS (<i>Include ZIP Code</i>)												9. NAME AND ADDRESS OF OWNER (<i>Include ZIP Code</i>)								
ESTABLISHMENT PHONE NUMBER						ESTABLISHMENT FAX NUMBER														
10. NAME AND ADDRESS OF SHIPPER (<i>Include ZIP Code</i>)												11. NAME AND ADDRESS OF MARKET OR BUYER (<i>Include ZIP Code</i>)								
12. ANIMAL IDENTIFICATION (<i>Place all ID devices in box with tissues to National Veterinary Services Laboratories</i>)																				
A. OFFICIAL PERMANENT ID/EAR TAG												D. CARCASS NUMBER								
B. SALE/BACK TAG NUMBER												E. RETAIN TAG NUMBER								
C. OTHER ID (<i>Brand, Tattoo, Bangle Tag</i>)												F. AGE			G. SEX			H. BREED/COLOR		
13. POST MORTEM REPORT																				
KEY: / = SLIGHT \ = WELL MARKED X = EXTENSIVE CS = CASEOUS CL = CALCIFIED																				
												WEIGHT			SCALE			ESTIMATED		
HEAD (A)		CERVICAL (B)		BRONCHIAL (C)		MEDIAS-TINAL (D)		LUNG (E)		PORTAL (F)		MESENTERI C (G)		OTHER (H)						
CS	CL	CS	CL	CS	CL	CS	CL	CS	CL	CS	CL	CS	CL	14. DRESSED						
														15. LIVE						
16. COMMENTS																				
17. CHECK <input type="checkbox"/> IF CARCASS RETAINED PENDING LAB RESULTS												18. SEND TEST REPORT TO (<i>Select One</i>): <input type="checkbox"/> ESTABLISHMENT FAX NUMBER (<i>BLOCK 8</i>) <input type="checkbox"/> ESTABLISHMENT POSTAL ADDRESS (<i>BLOCK 8</i>) <input type="checkbox"/> OTHER FAX OR EMAIL (<i>Specify</i>) _____								
19. NAME OF FOOD INSPECTOR (<i>Type or Print</i>)												20. NAME OF VETERINARIAN (<i>Type or Print</i>)						21. DATE COMPLETED		
LABORATORY USE ONLY																				
22. ACCESSION NUMBER						23. ID ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO						24. PRESERVATIVE			25. DISTRIBUTION			26. RECIEVED BY		
27. TRACKING NUMBER						28. LABORATORY COMMENTS														

INSTRUCTIONS FOR COMPLETING VS FORM 6-35

The information in this report is needed for effective monitoring and management of the Tuberculosis and Brucellosis Federal-State Cooperative Programs (9 CFR 51 and 77).

Use VS Form 6-35 to submit specimens from regular kill animals only, not reactor or suspect cattle. Use VS Form 10-4 when tissues are submitted from TB reactors or suspects. Both forms are available at <http://www.aphis.usda.gov/nvsl>. Click on link to Lab-Related Forms.

1. TYPE OF INSPECTION

Specify whether the slaughter plant is federally or State inspected.

2. ESTABLISHMENT NUMBER

Enter the FSIS establishment number for the slaughter plant.

3. SPECIES

Indicate the animal species from which the sample was obtained.

4. DATE SLAUGHTERED

5-7. LOT NUMBER, NUMBER IN LOT, NUMBER WITH LESIONS

8. ESTABLISHMENT NAME, ADDRESS, PHONE NUMBER, FAX NUMBER

Enter the contact information for the establishment where the sample was collected. Do NOT enter a personal phone or fax for the submitting veterinarian or the phone/fax number of another location. Use Block 18 if the test report should be sent elsewhere.

9. NAME AND ADDRESS OF OWNER

Enter the name/address of the owner of the animal from which the samples were taken.

10. NAME AND ADDRESS OF SHIPPER

Enter the name/address of the shipper that brought the animal to slaughter.

11. NAME AND ADDRESS OF MARKET OR BUYER

Enter the name/address of the market or buyer from which the animal was obtained.

12. ANIMAL IDENTIFICATION

A-E. Provide all identification associated with the animal (e.g., official USDA ID, backtag, ear tag, brands, tattoos, carcass number, retain tag number).
F-H. Enter the age of the animal, if known. Indicate the sex/gender (M or F).
Enter the animal breed if known; if unknown, enter the primary color(s) of the animal.

13. POST MORTEM REPORT

An accurate description of the lesion, including the lymph node or tissue in which it occurred, is important. Describe lesions using the key shown on the form.

14-15. DRESSED and LIVE WEIGHT

Enter the dressed and live weight of the carcass, noting whether the weight was measured (scale) or estimated.

16. COMMENTS

Use this block for any additional information about the submission.

17. PENDING LAB RESULTS

Check only if carcass is held pending laboratory results. For quickest turnaround when box 17 is checked, use the enclosed FED-EX billable stamp to ship tissue overnight to the National Veterinary Services Laboratories.

18. SEND TEST REPORT TO: Test reports may be faxed OR sent by email. Please specify ONE destination to which the test report should be sent. If the report is to be sent by email, more than one email address may be specified.

19-21. NAMES AND DATE COMPLETED

Provide the name of the food inspector and veterinarian involved with the submission and the date the submission was made (completed).

INSTRUCTIONS FOR SUBMITTING TUBERCULOSIS LESIONS AND/OR THORACIC GRANULOMAS

See

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 SAMPLING AND PRESERVATION

- A. Apply the enclosed sample ID stickers to this form and the formalin and borate jars.
- B. AVOID CONTAMINATION.
- C. Remove excess fat.
- D. Divide lesions in half. Place one portion in formalin for histopathology and place the remaining portion in borate for culture.
- E. BUFFERED FORMALIN PORTION: Cut specimen, including normal tissue surrounding lesion, into slices approximately 1 cm (½ inch) thick prior to placing in formalin.
- F. BORATE PORTION: Place the intact portion of the sample into borate. Do NOT cut the sample into slices.
- G. Maximum tissue to preservative ration: Formalin – 1:10
Borate – 1:1

II. IDENTIFYING DEVICES

Place all identifying devices, along with a dime-sized amount of attached tissue, from each animal (except branded reactors) in a plastic bag and send to the National Veterinary Services Laboratories in the box with the specimens.

III. SHIPPING CONTAINERS

- A. Use special 2-bottle TB mailer, available from the National Veterinary Services Laboratories, for each carcass. Contact the shipping department at 515-337-7530 or NCAH.Shipping@aphis.usda.gov.
- B. No refrigeration required. DO NOT FREEZE; freezing damages the specimens.
- C. PREVENT LEAKAGE – Tighten and tape cap.
- D. ABSORBENT PAD – Leave in place to absorb any leakage.
- E. IDENTIFYING DEVICES – Leave in plastic bag on top of absorbent pad.
- F. LEAK-PROOF LINING – Insert polystyrene container in lined corrugated box and seal.
- G. BLOOD SAMPLE – If a blood sample is collected for concurrent brucellosis testing, send to regular brucellosis laboratory but identify it as a TB 6-35 animal, using VS Form 1-16 (orange TB ID card).
- H. SUBMISSION FORMS – Place between sealed polystyrene container and outside mailer.
- I. RETURN ADDRESS – Provide complete return address and establishment number on enclosed FED-EX mailing label.

Ship submissions to:

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