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OMB APPROVED
0579-0146
EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	TUBERCULOSIS TEST RECORD – CONTINUATION SHEET Complete all entries on VS Form 6-22 before using this form.	HERD NUMBER	PAGE NO.	
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HERD OWNER'S NAME – LAST	FIRST	INITIAL	DATE READ	VETERINARIAN
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1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NUMBER	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NUMBER
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