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

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

REPORT ON HERD REVEALING REACTORS TO TUBERCULIN TEST

1	OWNER (2-7)	COUNTY (8-10)	STATE	STATE CODE (11-12)
1				

NAME OF HERD OWNER	ADDRESS	COUNTY	OWNER CLASS *(Check One)* (13)	
			1 FARMER	3 STOCKYARD
			2 DEALER	4 SALES RING

CODES - *(The following codes are to be used under the respective column headings)*

REASON FOR TEST (20)

1. AREA
2. HERD ACCREDITATION OR REACCREDITATION
3. COMPLY WITH MILK ORDINANCES
4. SALE, SHOW, INTERSTATE, INTRA-STATE OR EXPORT SHIPMENT
5. IMPORTED ANIMALS *(Interstate or International)*
6. RETEST OF QUARANTINED HERD
7. AFTER TRACING ANIMALS WITH LESIONS REGULAR KILL
8. AFTER TRACING REACTING ANIMALS
9. AFTER TRACING EXPOSED ANIMALS
10. OTHER *(Miscellaneous)*

HERD TEST LESION CODE (21)

DENOTES ALL LOCATIONS OF LESIONS FOUND IN ALL OF THE REACTORS ON A HERD TEST

OFFICIAL STATUS OF VETERINARIAN (25)

1. FEDERAL
2. STATE OR COUNTY (*Regularly employed)*
3. ACCREDITED

TYPE OF CATTLE (26)

1. DAIRY CATTLE
2. BEEF CATTLE
3. DAIRY AND BEEF

INJECTION (27)

1. CAUDAL
2. VULVA
3. CERVICAL
4. CAUDAL AND VULVA
5. CAUDAL AND CERVICAL
6. VULVA AND CERVICAL
7. CAUDAL, VULVA AND CERVICAL

POST MORTEM (62)

1. FEDERAL
2. STATE
3. MUNICIPAL
4. FIELD

LAB RESULTS (63)

1. COMPATIBLE
2. SUGGESTIVE
3. NOT SUGGESTIVE
4. NO SPECIMEN

ACTION TAKEN (72)

1. HERD PLACED IN QUARANTINE
2. HERD RELEASED FROM QUARANTINE
3. SUSPECTS RELEASED FROM QUARANTINE
4. SUSPECTS QUARANTINED
5. CONTINUE HERD QUARANTINE
6. NO ACTION TAKEN
7. ENTIRE HERD SLAUGHTERED

SECTION I - HERD HISTORY *(Start with current test and work back)*

DATE TEST READ														NUMBER OF REACTORS SHOWING												ORGIN OF REACTORS					
							VETERINARIAN				NUMBER OF ANIMALS			NO. GROSS LESIONS		INTERNAL LESIONS BY LOCATION																
MONTH	DAY	YEAR	REASON FOR TEST	HERD LESION CODE	CURRENT AND/OR PREVIOUS TEST NUMBER	PROGRAM-TEST CODE	LAST NAME	OFFICIAL STATUS	TYPE OF CATTLE	INJECTION	IN HERD	TESTED	NUMBER OF REACTORS	NUMBER OF SUSPECTS	0 NUMBER P.M. REPORT	1 NGL	2 SKIN	3 HEAD	4 THORACIC	5 ABDOMINAL	6 HEAD THORACIC	7 HEAD ABDOMINAL	8 THORACIC ABDOMINAL	9 HEAD THORACIC ABDOMINAL	POST MORTEM	LAB RESULTS	1 RAISED ON FARM	2 ORGIN UNKNOWN	3 PURCHASED UNKNOWN SOURCE	4 PURCHASED KNOWN SOURCE	ACTION TAKEN	NUMBER EXPOSED ANIMALSOLD TO KNOWN PURCHASER
14-15	16-17	18-19	20	21	22	23-24		25	26	27	28-31	32-35	36-38	39-41	42	43-45	46-47	48-49	50-51	52-53	54-55	56-57	58-59	60-61	62	63	64-65	66-67	68-69	70-71	72	73
					1	CURRENT TEST																										
					2	PREVIOUS TEST *(Do not record test previously reported)*																										

REMARKS *(Use reverse side of this form if additional space is needed)* 79-80

DATE PREVIOUS VS FORM 6-4 REPORT WAS SUBMITTED	SIGNATURE OF VETERINARIAN IN CHARGE	DATE

SECTION II – IDENTIFICATION OF REACTOR(S) *(Reactors with Origin Codes 1-2-3 only)*

	OWNER (2-7)	COUNTY (8-10)	STATE CODE (11-12)	OWNER CLASS *(Check One) (13)*		DATE TEST READ *(month, day, year) (14-19)*	REASON FOR TEST (20)	HERD LESION CODE (21)
1				1 FARMER	3 STOCKYARD			
2				2 DEALER	4 SALES RING			

CODES - *(The following codes are to be used under the respective headings)*

BREED (33)			SEX (34)	ORIGIN OF REACTOR (37)	
1. HOLSTEIN	4. GUERNSEY	7. SHORT HORN	1. FEMALE	1. RAISED ON FARM	3. PURCHASED *(Unknown Source)*
2. HEREFORD	5. ANGUS	8. SWISS	2. MALE	2. ORIGIN UNKNOWN	4. PURCHASED *(Known Source)*
3. JERSEY	6. AYRSHIRE	9. OTHER	3. STEER		

IDENTIFICATION TAG OR TATTOO 22-30	REACTOR TAG	AGE 31-32	BREED 33	SEX 34	LESION CODE 35	LAB RESULTS 36	ORIGIN CODE 37	DESCRIPTION *(Color, markings, and horns) (Registration number and name if possible)*

REMARKS