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OMB Approved
0579-0146
EXP: XX/XXXX

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL VETERINARY SERVICES LABORATORIES
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010
515-337-7514

SPECIMEN COLLECTION
Bovine Tuberculosis
Reactors, Suspects, and Trace-Exposed

**Use this form only as a
supplement to
VS Form 10-4. See
reverse for instructions.**

1. SUBMITTER NAME (INCLUDING BUSINESS NAME) 2. NVSL SUBMITTER ID 3. OWNER NAME CHECK IF WILDLIFE (NO OWNER)

4. IDENTIFICATION

OFFICIAL ANIMAL ID	HERD/MANAGEMENT TAG	BREED/SPECIES	AGE	SEX
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TRACE-EXPOSED ANIMAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM WHICH AFFECTED HERD (NAME OR STATE)
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5. PRIOR TEST RESULTS (CHECK APPROPRIATE BOX)

CAUDAL FOLD (CFT) TEST OR SINGLE CERVICAL TEST (SCT)	<input type="checkbox"/> POSITIVE	<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> NOT DONE
COMPARATIVE CERVICAL (CCT)	<input type="checkbox"/> REACTOR	<input type="checkbox"/> SUSPECT	<input type="checkbox"/> NOT DONE
INTERFERON GAMMA ELISA RESULT DPP TEST RESULTS	<input type="checkbox"/> NOT DONE		
OTHER ANTEMORTEM TEST RESULTS			

6. EXAMINE AND SUBMIT THE FOLLOWING LYMPH NODES (LN):

SAMPLE ID	LN	CHECK BOX IF NO GROSS LESIONS (NGL)	DESCRIBE LESIONS, IF PRESENT
	HEAD LN POOL		
	MEDIAL RETROPHARYNGEAL	<input type="checkbox"/> NGL	
	LATERAL RETROPHARYNGEAL	<input type="checkbox"/> NGL	
	MANDIBULAR	<input type="checkbox"/> NGL	
	PAROTID	<input type="checkbox"/> NGL	
	THORACIC LN POOL		
	TRACHEOBRONCHIAL	<input type="checkbox"/> NGL	
	CRANIAL, MIDDLE, CAUDAL MEDIASTINAL	<input type="checkbox"/> NGL	
	ABDOMINAL LN POOL		
	MESENTERIC	<input type="checkbox"/> NGL	
	HEPATIC	<input type="checkbox"/> NGL	

7. EXAMINE THE FOLLOWING TISSUES BUT SUBMIT ONLY IF LESIONED:

LUNG, PLEURA, LIVER, SPLEEN, OVARIES, UTERUS, PRESCAPULAR LN, CERVICAL LN, POPLITEAL LN, MAMMARY LN, AND/OR ILIAC LN

SAMPLE ID	BRIEF DESCRIPTION OF LESIONED TISSUE

VS FORM 10-7 INSTRUCTIONS

THIS FORM IS INTENDED AS A SUPPLEMENT TO VS FORM 10-4 AND MUST BE ACCOMPANIED BY VS FORM 10-4. ALL information must be printed legibly or typed. **USE A SEPARATE FORM FOR EACH ANIMAL.**

1 and 2. SUBMITTER CONTACT INFORMATION

Enter the submitter's business name/affiliation and NVSL Submitter ID (if available) exactly as entered on VS Form 10-4.

3. OWNER INFORMATION

Enter the name of the animal owner as entered on VS Form 10-4.

4. IDENTIFICATION

Sample ID – Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.

Official Animal ID – Record the animal's national identification tag number. NOTE: Laboratory results will be reported by animal identification number.

Herd/Management Tag – Record the identification used within the herd or management system.

Breed – Enter the animal breed or species (e.g., *Holstein, Angus, Fallow Deer*).

Age – Indicate the approximate age in years (y) or months (m).

Sex – Indicate the sex, male (M), or female (F).

5. PRIOR TEST RESULTS

Enter the results of prior tests and examinations performed on the animal.

6. EXAMINE AND SUBMIT LYMPH NODES

Examine and submit the indicated lymph nodes. Check whether lesions were noted on each tissue and add any pertinent comments.

Unless otherwise directed by a USDA tuberculosis epidemiologist, use separate containers for head, thoracic, and abdominal lymph nodes from the animal, including those with no gross lesions.

Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.

7. EXAMINE OTHER TISSUES. SUBMIT ONLY IF LESIONS ARE FOUND. Examine each tissue listed in this section but submit samples only if lesions are found. Submit lesioned tissues in separate containers from lymph nodes listed in Block 6. Provide a brief description of the lesions found on each submitted tissue.

The FSIS Guidebook may be helpful for identifying tuberculosis lesions:

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 SELECTION AND PRESERVATION

- A. AVOID CONTAMINATION: Remove excess fat.
- B. Divide lesions in half. Place one portion in formalin for histopathology and place the remaining portion in borate or whirl-pack for culture.
- C. HISTOLOGY PORTION: Cut specimen, including normal tissue surrounding lesion, into slices approximately 1 cm (½ inch) thick. Prior to placing in formalin.
- D. CULTURE PORTION: Place the intact portion of the sample into borate or whirl-pack. Do NOT cut the sample into slices.
- E. Maximum tissue to preservative ration: Formalin – 1:10
Borate – 1:1

II. IDENTIFYING DEVICES

If the identifying devices will not be held locally, place the identifying devices from each animal in a plastic bag, and send to the NVSL in the box with the specimens.

III. SHIPPING SAMPLES

- A. Shipping containers are available from the NVSL. Contact the shipping department at 515-337-7530 or NCAH.Shipping@aphis.usda.gov.
- B. No refrigeration is required for borate or formalin. Ice packs are required for fresh tissue. DO NOT FREEZE; freezing ruins specimens.
- C. PREVENT LEAKAGE: Tighten and tape caps.
- D. SECONDARY CONTAINER: Place samples in a leak-proof bag.
- E. ABSORBENT PAD: Place absorbent material in bag with samples to absorb any leakage.
- F. IDENTIFYING DEVICES: Place in separate plastic bag with samples.
- G. SHIPPING CONTAINER- Insert sealed secondary container into an approved diagnostic shipping container and seal.
- H. SUBMISSION FORMS: Place between sealed secondary container and outside mailer.
- I. RETURN ADDRESS: Provide complete return address on mailing label.

Ship submissions to:

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

IV. ADDITIONAL GUIDANCE

For questions regarding histology, contact the NVSL Pathobiology Laboratory at 515-337-7912.

For questions regarding bacteriology, contact the NVSL Diagnostic Bacteriology Laboratory at 515-337-7388.