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**OMB APPROVED**  
0579-0146  
EXP: XX/XXXX

<b>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES</b>	<b>TUBERCULOSIS TEST RECORD – CONTINUATION SHEET</b>  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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