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

	OWNER (2-7)	COUNTY (8-10)	STATE	STATE CODE (11-12)
1				
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)	HERD TEST LESION CODE (21)	TYPE OF CATTLE (26)	POST MORTEM (62)	ACTION TAKEN (72)
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)	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	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	1. FEDERAL 2. STATE 3. MUNICIPAL 4. FIELD **LAB RESULTS (63)** 1. COMPATIBLE 2. SUGGESTIVE 3. NOT SUGGESTIVE 4. NO SPECIMEN	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)

MONTH 14-15	DAY 16-17	YEAR 18-19	REASON FOR TEST 20	HERD LESION CODE 21	CURRENT AND/OR PREVIOUS TEST NUMBER 22	PROGRAM-TEST CODE 23-24	LAST NAME	OFFICIAL STATUS 25	TYPE OF CATTLE 26	INJECTION 27	IN HERD 28-31	TESTED 32-35	NUMBER OF REACTORS 36-38	NUMBER OF SUSPECTS 39-41	NUMBER P.M. REPORT 42	NGL 43-45	SKIN 46-47	HEAD 48-49	THORACIC 50-51	ABDOMINAL 52-53	HEAD THORACIC 54-55	HEAD ABDOMINAL 56-57	THORACIC ABDOMINAL 58-59	HEAD THORACIC ABDOMINAL 60-61	POST MORTEM 62	LAB RESULTS 63	RAISED ON FARM 64-65	ORGIN UNKNOWN 66-67	PURCHASED UNKNOWN SOURCE 68-69	PURCHASED KNOWN SOURCE 70-71	ACTION TAKEN 72	NUMBER EXPOSED ANIMALS SOLD TO KNOWN PURCHASER 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

VS FORM 6-4
OCT 2014

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

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