



SEPTEMBER 27, 2006

VETERINARY SERVICES MEMORANDUM NO. 552.30

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Veterinary Services

Washington, DC
20250

SUBJECT: Recording Tuberculin Test Results, Reporting Tuberculosis-Affected Herd History and Issuing Permits for Interstate Movement of Tuberculosis Infected and Exposed Animals

TO: VS Management Team

I. PURPOSE

The purpose of this memorandum is to provide instructions for use of Veterinary Services (VS) Forms 6-22 (02/99); 6-22B (02/99); 6-22A (02/99); 6-22C (02/99); 6-22D (02/99); and VS Form 1-27 (06/89).

II. CANCELLATION

VS Memorandum No. 552.30, dated February 10, 1973, is hereby canceled.

III. GENERAL

This memorandum consolidates instructions for completing six different tuberculosis (TB) program reports into a single document so they are easier to use. All forms are available from Central Supply. Use care in recording all information on these forms.

A. VS FORM 6-22 (ATTACHMENT 1), TUBERCULOSIS TEST RECORD AND VS FORM 6-22B (ATTACHMENT 2), TUBERCULOSIS TEST RECORD CONTINUATION SHEET.

Each form is prepared in an original format and four copies are made for distribution as indicated on the face of each form. VS Form 6-22 and VS Form 6-22B will be used to record test results for all types of tuberculin tests except the comparative-cervical test (CCT), which must be reported on VS Forms 6-22D. Use VS Form 6-22B, Continuation Sheet to record test results of units larger than 30 head.

Carefully record all information requested on the face of the chart. All information is necessary to make a complete herd record and for the development of statistical data leading to improved program planning.



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1. Complete the upper left-hand corner of the form in the office when the test charts are pre-addressed for retest or by the testing veterinarian where possible.
 - a. County, Township, and Section – The location of the farm or ranch is to be shown by the numerical codes for County, Township, and Section. Those States that do not have geographical townships and sections will use their comparable location codes, such as latitude and longitude or horizontal and vertical grid codes.
 - b. Herd Premises Number – The code number for the herd, farm, ranch, dairy, or premises is to be recorded in this block in the States where a master identification file is maintained.
 - c. Lesion Code – The herd lesion code should be shown on all pre-addressed retest charts. This applies to those States using the abbreviated Program Test Code Pattern showing the type of lesions, or lack of lesions, reported in animals reacting on the previous test.

1 = NGL (No Gross Lesion)	6 = Head and Thoracic
2 = Skin	7 = Head and Abdominal
3 = Head	8 = Thoracic and Abdominal
4 = Thoracic	9 = Head, Thoracic and Abdominal
5 = Abdominal	

The numbers 1 or 2 in the lesion block indicate that the reactors found on the previous test were either NGL or skin only. When numbers 3 through 9 are entered in the lesion block, it indicates that at least one reactor on the previous test disclosed lesions in the body area or areas indicated by the code number.

- d. Test Code – The test code is an alphabetical code that shows the reason for the initial test of the herd and is entered in the “Test” block on the form.

The letters used in the test code are as follows:

A = State Accreditation	I = Importation
R = State Reaccreditation	T = Tracing
S = Sales Barn and Stockyard Test	O = Owner or Information
M = Market Cattle (slaughter)	

The test code remains constant on all retests until the herd is dropped from the testing schedule. For example, if the letter “T” appears as the test code, it is an indication that the herd was first tested in the current series as the result of a trace, and “T” will remain the code until the series is completed with all of the necessary tests to ensure a proper quarantine release.

- e. D or B (Dairy or Beef) – This space is provided on the preaddressed retest charts to show whether the herd is of dairy (D), beef (B), or mixed breeds (DB) for the convenience of the testing veterinarian.
 - f. Unit – In the event an owner has two or more units of cattle and it is determined that they should not be considered as separate herds, the units may be identified as 1, 2, 3, etc., in the “U” block 2.
 - g. Owner’s Name and Address – In the top center portion of the form, the herd owner’s last name, first name, middle initial, and complete mailing address should be printed or legibly written.
2. County, Township, Section, and Farm Number – The fourth line is to be completed by the testing veterinarian on all manually prepared test records. It is not necessary to complete this line when the forms are preaddressed, except in those cases where there is a need for a correction or a change in the location or ownership of the herd.
 3. Previous Test – The upper right-hand corner of the form is used to show the previous test data on all preaddressed charts for retest. The previous test date, the testing veterinarian’s code (where applicable), and the results of the previous test provide useful information to the testing veterinarian.
 4. Date Listed – The date listed is the date the test record is preaddressed and made available for assignment of the herd test.
 5. Reason for Test – The testing veterinarian should check the applicable block on all charts.
 6. Complete Herd Test of all Eligible Animals – The testing veterinarian should check the applicable block. When the “No” block is checked, the total number of eligible animals in the herd should be recorded on VS Form 6-22. This is very important, since it determines whether or not the test may be considered for Area or herd reaccreditation.
 7. Kind of Herd – The testing veterinarian should check the applicable block for tests of cervid herds, please note what cervid species are included in the test.
 8. Method of Test – The testing veterinarian should check the appropriate block according to the type of test conducted on the herd.
 9. Summary – The test results summary should be completed in accordance with the classification of each animal tested.

10. Certification for Payment – The certification for payment is an important part of the test record. When performing this service on a fee basis, the veterinarian checks the “State/Federal Expense” box; this will serve as a claim for payment, eliminate the need for returning the Statement of Services to the veterinarian for signature, and save time and expedite payment. All private tests (at owner’s expense) should be checked in the “Owner’s Expense” block.

The veterinarian’s (practitioner’s) name, address, Veterinarian Code (agreement code), and date and hour of injection and observation should be legibly written, firmly applying pressure when writing so that the last carbon may be easily read.

11. Reactors Tagged and Branded – The veterinarian identifying reactors should record the date, his/her signature, and Veterinarian Code number (agreement code) where applicable.
12. Identification Number – Record all tag numbers and tattoos present on the tested animals. Apply and record new tags when and where necessary to completely identify all animals tested. This should be accomplished on the day of injection and the owner notified of the number of animals placed on test. New tags should only be applied in the absence of official tags since multiple application of tags leads to confusion in future identification efforts and owner criticism.

The information requested in Column 1 on VS Form 6-22, in regards to retags, natural and purchased additions, is particularly useful in checking accredited herd records.

13. Age, Breed, and Sex – Complete this information insofar as possible.
14. Results – Record as indicated in VS Memorandum No. 552.15. If all animals in the herd test negative, the testing veterinarian records the results on the form, obtain the owner’s signature and date signed, leaves a copy with the owner, and forwards the VS Form 6-22 to the appropriate program office no later than one week following completion of the tuberculin test.

If there are responding animals in the herd, the testing veterinarian will promptly report this to the Area Veterinarian In Charge (AVIC) or the State Veterinarian of the State where the herd is located, who will advise the testing veterinarian on how to handle the test chart (hold for pickup, mail as directed, or other). The testing veterinarian will provide the owner with a copy of the test chart and advise him that the responding animals must be retested with an official supplemental test and that someone will contact him to schedule these tests.

15. Reactor Tag Number – Record all reactor tag numbers for the animals so classified. In virtually all cases, animals that respond to the caudal-fold test (CFT) will not be tagged and branded until they have been classified as reactors by an official supplemental test. (Memorandum No. 552.15 allows for exceptions when State or federally employed veterinarians classify, as reactors, animals that respond to the CFT in known infected herds [section VIII.D.3.], or under circumstances outlined in sections VII.A.6, paragraph 3, VIII.A.1.c, VIII.B.2, VIII.C.3.)
16. When possible, the form should be completed prior to making the readings. Upon completion of the supplemental test, record the results on the form, obtain the owner's signature and date signed, and leave a copy with the owner.

Completed VS Forms 6-22 and all allied reports will be mailed to the appropriate program office no later than one week following the completion of any tuberculin test or in accordance with instructions issued to the testing veterinarian by the AVIC.

Failure to comply with such instructions is a violation of the standards for Accredited Veterinarians and may result in the suspension or revocation of the offending veterinarian's accreditation privileges.

**B. VS FORM 6-22A, TUBERCULOSIS INFECTED HERD FIELD REPORT
(ATTACHMENT 3)**

1. This form was developed to aid the veterinarian in collecting and recording information on factors incidental to the source of the disease when tuberculin reactors are disclosed. This form provides for the recording of essential information concerning the history of reactors found on the test and sales history of animals sold for dairy and breeding purposes. Each item on the form is of primary concern and must be carefully considered.
2. The form should be completed at the time the reactors are branded and appraised. Data and information recorded on this form and the test record will be used to prepare VS Form 6-4, VS Form 6-4A, and VS Form 6-4B at the station level. Such information is essential to effectively trace movements of cattle from and into an affected herd in an effort to detect other foci of infection.
3. All reactors disclosed on the test must be accounted for in Section II of the form; additional forms should be used when more than five reactors are found. Only one copy of VS Form 6-22A is necessary.
4. Every effort should be made to determine the origin of each reactor. The name, address, date of purchase, and type of business should always be given for reactors purchased from a known source. Information pertaining to an owner's type of business is a significant factor in determining the cause of failure in tracing reactors to previous herd owners.

5. The name, address, and other information used to identify the owner should be recorded the same way on both the VS Form 6-22A and the test record, VS Form 6-22. The completed VS Form 6-22A should be attached to the TB test record when forwarded to the station office.
6. Blocks labeled “Lesion Code” and “Lab Results” are for station office use only. They are provided to show a code that identifies the location of lesions and laboratory results on specimens for each reactor.

C. VS FORM 6-22C, TUBERCULIN TEST RECORD, SPECIAL
(ATTACHMENT 4)

This form will be used in recording test results for CCT tests only. Usually, the CCT test will be used to classify animals that respond to the routine CFT therefore, the name, address, and other information used to identify the owner and animal on VS Form 6-22C must agree with VS Form 6-22. One copy of VS Form 6-22C must be forwarded for review through the Regional TB Epidemiologist (RTE) to the National Center for Animal Health Programs (NCAHP), Ruminant Health Programs (RHP), Riverdale, Maryland.

The form is generally self-explanatory, but specific instructions are as follows:

1. Date injected – Record date of injection for each test. CCT tests must be less than 10 days or more than 60 days after the injection of the CFT (must be less than 10 days or more than 90 days after the single-cervical test (SCT) injection in the case of a cervid test). Any subsequent CCT retests must be 60 or more days apart (90 days apart for cervids).
2. Location of CCT test – Very important for proper site rotation on subsequent retests.
3. CCT test results – Identical to VS Form 6-22 summary column.
4. Skin thickness – Normal (pre-injection) and 72-Hour (post injection) cervical skin fold thickness is measured with a dermal thickness gauge and recorded to the nearest 0.5 mm. The pre-injection measurement of each animal is then subtracted from the post-injection measurement, and the increase in skin thickness in millimeters is recorded for each test site (avian upper, mammalian lower) in the proper column.
5. Previous CFT test or SCT responses – This is the response recorded with a + sign on VS Form 6-22 test record and re-entered here.
6. Classification – See instructions in VS Memorandum No. 552.15 (section VII.C.6), dated March 15, 2006.

D. VS FORM 6-22D, COMPARATIVE CERVICAL TUBERCULIN TEST (CCT) RESULTS (ATTACHMENT 5)

This form is used in the interpretation of CCT test results and in the classification of animals and groups tested. The name and address used to identify the owner, and other information on the top of the form, must agree with both the VS Form 6-22 and VS Form 6-22C. The completed VS Form 6-22D (one chart for each group tested) should be attached to the special tuberculin test record on VS Form 6-22C when forwarded to the station office. One copy of the VS Form 6-22D must be attached to the corresponding VS Form 6-22C and forwarded for review through the RTE to NCAHP, RHP, Riverdale, Maryland.

The increase in skin thickness for each animal tested is determined for the avian and bovine injection sites on VS Form 6-22C. These two values are then represented by a single dot for each animal on the scattergram by plotting these values on the horizontal and vertical axes. The test is interpreted by considering the group results and the individual results within the group.

The classification of each animal will be according to the zone into which the results are graphed. Any animal graphed in Suspect zone of VS Form 6-22D on two consecutive diagnostic tests will be classified Reactor (R). If *M. bovis* infection is confirmed in the herd, all animals with any response, caudal or cervical, will be classified (R).

Final classification of each animal and the group will be recorded in the appropriate columns on the respective VS Form 6-22 and VS Form 6-22C.

All reactors will be tagged and branded and the reactor tag number recorded in the proper column of each form.

E. VS FORM 1-27, PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS (ATTACHMENT 6)

The following animals must be sent directly to slaughter and must be accompanied by a VS Form 1-27 if moved in interstate commerce:

- a. All animals designated as Reactors as the result of any tuberculin test;
- b. Animals classified as Suspects that the owner elects to slaughter; and
- c. Animals depopulated as TB-exposed.

A copy of the VS Form 1-27 or similar State permit if moved only intrastate, must be on file for each animal described to indicate the authorized movement of the animal(s) from the premises where held directly for slaughter. Owners should be cautioned about the probable loss of indemnity payments and other possible penalties for movements without a shipping permit.

Carefully record all information requested on the form. All of the information is necessary for a complete record of movement, destruction, and vehicle cleaning and disinfection. Distribute the form as designated on each copy.

Specific instructions:

Items 1, 2, and 3 – Self-explanatory.

Item 4 - Name and address of the person who owned the animal(s) at the time the disease or exposure status was determined.

Items 5, 6, 7, and 8 – Self-explanatory.

Item 9 - Show the number of known reactors and/or exposed animals.

Item 10 - Indicate whether the status of the herd of origin of the animals was affected, exposed, or suspect.

Item 11 - List the status of the area as it applies to the disease condition listed in item 8.

Items 12, 13, and 14 – Self-explanatory.

Item 15 – Record seal number when a seal is used in accordance with program instructions.

Item 16 - Vehicles moving TB or reactor animals interstate, in accordance with applicable TB regulations, must be cleaned and disinfected at destination.

Item 17 - Show the ear tag numbers of each animal in the “Complete Ear Tag No.” column, with the identification number being recorded above the reactor tag number. List the breed, sex, and disease brand (T or S) of each animal in the appropriate columns. The “Other Identification” column is used to show sale, bangle, and back tag numbers; identification brands; and any distinguishing marks on each animal. The term “TB tattoo” is recorded in this column if owners exercise the option of permanently identifying their reactors by tattooing the letters “TB” in the reactor’s left ear (rather than branding them with a “T” on their hip).

Item 18 - The signature of the person responsible for performing the inspection (State, Federal, or Accredited Veterinarian; Federal Animal Health technician; or State animal health official).

Items 19 and 20 – Self-explanatory.

Items 21 and 22 - Allow a reasonable time for the movement to take place. Permission to move the animal is void after the date and time shown here.

Item 23 - The signature of the owner or shipper. If the owner or shipper is not available, the trucker may sign. This should never be signed by the inspector or the market organization unless the market is the buyer/shipper.

Item 24 - Check the applicable block or, if the trucker signed Item 23, write “trucker” in the available space of this block.

Items 25 through 30 – Self-explanatory.

Item 31 – Signature of person breaking the seal, when applicable.

Item 32 – Self-explanatory.

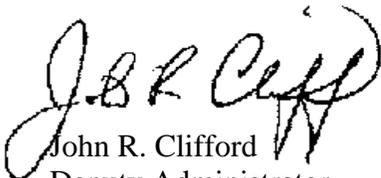
Items 33 and 34 – When the inspector at the slaughter plant cannot certify through personal knowledge as to receipt and slaughter, and if the plant management satisfies the inspector that the animals have, in fact, been handled properly, the inspector can insert in the space above Item 28, “Plant Records” or “Plant Management” and then sign Item 33 and date Item 34.

IV. REFERENCES

[Title 9 CFR 50.7](#) – covers movement direct to slaughter under permit.

Title 9 CFR [71.2](#); [71.3](#); [77.17](#); [77.40](#) – covers permit requirements for interstate movement.

Title 9 CFR [50.13](#); [77.19](#); [77.41](#) – covers cleaning and disinfection and identification requirements.



John R. Clifford
Deputy Administrator
Veterinary Services

Attachment(s)

Attachment 1 – Sample VS Form 6-22, Tuberculosis Test Record

Attachment 2 – Sample VS Form 6-22B, Tuberculosis Test Record (Continuation Sheet)

Attachment 3 – Sample VS Form 6-22A, Tuberculosis Infected Herd (Field Report)

Attachment 4 – Sample VS Form 6-22C, Tuberculin Test Record (Special)

Attachment 5 – Sample VS Form 6-22D, Comparative Cervical Tuberculin Test Results

Attachment 6 – Sample VS Form 1-27, Permit for Movement of Restricted Animals

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0064. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

STATE	ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION	FORM APPROVED OMB NO. 0579-0064
COOPERATIVE STATE - FEDERAL TUBERCULOSIS ERADICATION PROGRAM		F
TUBERCULOSIS TEST RECORD		

COUNTY	TWP	SEC	HERD OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
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HERD NUMBER	HERD OWNER'S COMPLETE ADDRESS	CERTIFICATION FOR PAYMENT <input type="checkbox"/> State/Federal Expense <input type="checkbox"/> Owner's Expense	DATE LISTED
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COUNTY	TOWNSHIP OR DISTRICT	SEC.	FARM NO.
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REASON FOR TEST		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS		SUMMARY		PRACTITIONER'S SIGNATURE		TELEPHONE NO			
AREA	1	RETEST	6	<input type="checkbox"/> YES <input type="checkbox"/> NO	NO ELIGIBLE ANIMALS IN HERD		PRACTITIONER'S NAME (Please print)		AGREE CODE		
HERD (RE) ACCREDIT	2	TRACING REG. KILL	7	KIND OF HERD		NEGATIVE					
MILK ORDINANCE	3	TRACING REACTORS	8	<input type="checkbox"/> DEER <input type="checkbox"/> ELK	METHOD OF TEST		SUSPECT	INJECTION		DATE	HOUR
SALE SHOW	4	TRACING EXPOSED	9	<input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER			REACTOR	OBSERVATION		DATE	HOUR
IMPORTED	5	OTHER	10	<input type="checkbox"/> CAUDAL FOLD (CFT)	<input type="checkbox"/> SNG CERVICAL (CST) (Cervid)	TOTAL	REACTORS TAGGED AND BRANDED		AGREE CODE		
				<input type="checkbox"/> CERVICAL (CT) (Bovine)	<input type="checkbox"/> OTHER	DATE		SIGNATURE			

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
	1								16						
	2								17						
	3								18						
	4								19						
	5								20						
	6								21						
	7								22						
	8								23						
	9								24						
	10								25						
	11								26						
	12								27						
	13								28						
	14								29						
	15								30						

RT - Retag NA - Natural Addition PA - Purchased Addition	N - Negative S - Suspect R - Reactor	I hereby acknowledge receiving a copy of this record which I have examined and find correct. DATE _____ OWNER'S SIGNATURE _____	THIS AUTHORIZATION TO TEST EXPIRES: _____
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U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES		TUBERCULOSIS INFECTED HERD <input type="checkbox"/> BOVINE <input type="checkbox"/> CERVINE <input type="checkbox"/> OTHER		INSTRUCTIONS: Prepare at the time of identification of reactors, and attach to VS Form 6-22, Tuberculosis Test Record.	
NAME OF OWNER OF INFECTED HERD		FARM NO.	ADDRESS OF OWNER		OFFICE USE
					HERD LESION CODE
					LAB RE-SULTS
COUNTY	OWNER CLASS (Check one)			DATE TEST READ (Month, day, year)	
	1 FARMER		3 STOCKYARD		
	2 DEALER		4 SALES RING		

SECTION I - OTHER ANIMALS ON FARM (Inventory; use continuation sheet if needed)

LIST SPECIES <i>(Specify e.g. swine, poultry, cervid, llama, antelope, etc.)</i>	CONTACT WITH REACTOR		NUMBER			NECOPSIED	
	YES	NO	ON THE FARM	TESTED	REACTED	NUMBER	NO. WITH TB

SECTION II - IDENTIFICATION AND HISTORY OF REACTORS FOUND ON THIS TEST

IDENTIFICATION TAG OR TATTOO	REACTOR TAG	AGE	BREED	SEX	ORIGIN OF REACTOR				DESCRIPTION (Registration No., color, markings, etc.)	LESION CODE	LAB RE-SULTS
					1 RAISED ON FARM	2 ORIGIN UNKNOWN	3 PURCHASED UNKNOWN SOURCE	4 PURCHASED KNOWN SOURCE			
1 PURCHASE FROM		ADDRESS			OWNER CLASS (Purchased from)				DATE PURCHASED		
					1 FARMER		3 STOCK-YARD		MONTH	YEAR	
					2 DEALER		4 SALES RING				
2 PURCHASE FROM		ADDRESS			OWNER CLASS (Purchased from)				DATE PURCHASED		
					1 FARMER		3 STOCK-YARD		MONTH	YEAR	
					2 DEALER		4 SALES RING				
3 PURCHASE FROM		ADDRESS			OWNER CLASS (Purchased from)				DATE PURCHASED		
					1 FARMER		3 STOCK-YARD		MONTH	YEAR	
					2 DEALER		4 SALES RING				
4 PURCHASE FROM		ADDRESS			OWNER CLASS (Purchased from)				DATE PURCHASED		
					1 FARMER		3 STOCK-YARD		MONTH	YEAR	
					2 DEALER		4 SALES RING				
5 PURCHASE FROM		ADDRESS			OWNER CLASS (Purchased from)				DATE PURCHASED		
					1 FARMER		3 STOCK-YARD		MONTH	YEAR	
					2 DEALER		4 SALES RING				

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0084. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. 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.	FORM APPROVED OMB NO. 0579-0084
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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 NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
	1								26						
	2								27						
	3								28						
	4								29						
	5								30						
	6								31						
	7								32						
	8								33						
	9								34						
	10								35						
	11								36						
	12								37						
	13								38						
	14								39						
	15								40						
	16								41						
	17								42						
	18								43						
	19								44						
	20								45						
	21								46						
	22								47						
	23								48						
	24								49						
	25								50						

TUBERCULIN TEST RECORD (Special)

USDA, APHIS, VS

HERD OWNER - LAST NAME				FIRST NAME		INITIAL		REASON FOR CFT OR SCT			DATE INJECTED			CFT OR SCT TEST							
ROUTE - STREET - ROAD				STATE (Including Zip Code)		POST OFFICE		AREA 1		HERD RETEST 6		CFT OR SCT		COMPARATIVE CERVICAL		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS		NO. OF ELIGIBLE ANIMALS IN HERD			
								HERD(RE) ACCREDIT. 2		TRACING REG. KILL 7		RETEST OF CFT/SCT SUSPECTS		COMPARATIVE RETEST		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO			
COUNTY				TOWNSHIP		SECTION		HERD NO.		MILK ORDINANCE 3		TRACING REACTORS 8		CC TEST RESULTS							
										SALE - SHOW 4		TRACING EXPOSED 9		NEG		SUS		REA		TOTAL	
										IMPORTED 5		OTHER 10		TUBERCULIN		SERIAL NO.		LICENSE NO.		LOCATION OF CC TEST	
										AVIAN		MAMMALIAN		<input type="checkbox"/> RIGHT SIDE OF NECK		<input type="checkbox"/> LEFT SIDE OF NECK					

ANIMAL NUMBER	OFFICIAL IDENTIFICATION NUMBER	OTHER IDENTIFICATION	AGE	BREED	SEX	AVIAN PPD (UPPER)			BOVINE PPD (LOWER)			PREVIOUS CFT OR SCT RESPONSE	CLASSIFICATION (CC TEST) (N S R)	REACTOR TAG NUMBER	REMARKS
						SKIN THICKNESS			SKIN THICKNESS						
						Milli-meters	Milli-meters	Milli-meters	Milli-meters	Milli-meters	Milli-meters				
						Normal	72 Hours	Increase	Normal	72 Hours	Increase				
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															

SIGNATURE						TITLE						DATE			
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0579-0084. The time required to complete this information collection is estimated to average .2 hours per responses, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

USDA - APHIS - VETERINARY SERVICES

FORM APPROVED -
OMB NO. 0579-0084

COMPARATIVE CERVICAL TUBERCULIN TEST RESULTS BOVINE CERVINE OR OTHER

NAME OF HERD OWNER (Last, First, Middle Initial)

ADDRESS (Including Zip Code)

COMPARATIVE TEST		PRIOR CFT OR SCT		
NUMBER TESTED	DATE INJECTED	NUMBER TESTED	DATE INJECTED	
COMPARATIVE RETEST		OBSERVATION DATE	NEG.	SUS.
<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD				REA.
NAME OF VETERINARIAN		TITLE	DATE	

