

USDA-APHIS-VETERINARY SERVICES REPORT OF TUBERCULOSIS LESIONS OR THORACIC GRANULOMAS IN REGULAR KILL ANIMALS	1. TYPE INSPECTION <input type="checkbox"/> STATE <input type="checkbox"/> FEDERAL	2. ESTABLISHMENT NO.	
	3. SPECIES: <input type="checkbox"/> BOVINE <input type="checkbox"/> CERVINE <input type="checkbox"/> PORCINE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER (Specify)		

4. DATE SLAUGHTERED	5. LOT NO.	6. NO. IN LOT	7. NO. WITH LESIONS
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8. ESTABLISHMENT NAME & ADDRESS (Include Zip Code)	9. NAME & ADDRESS OF OWNER (Include Zip Code)
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10. NAME & ADDRESS OF SHIPPER (Include Zip Code)	11. NAME & ADDRESS OF MARKET OR BUYER (include Zip Code)
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12. ANIMAL IDENTIFICATION (Place all ID devices in box with tissues to NVSL.)			
A. EAR TAG/OTHER OFFICIAL PERMANENT ID#		D. CARCASS #	
B. SALE/BACK TAG #	E. AGE	SEX	BREED/COLOR
C. OTHER ID (brand, tattoo, bangle tag)	F. RETAIN TAG #		

13. POST MORTEM REPORT										WEIGHT	SCALE	ESTIMATED				
KEY <input checked="" type="checkbox"/> SLIGHT <input checked="" type="checkbox"/> WELL MARKED <input checked="" type="checkbox"/> EXTENSIVE CS-CASEOUS CL-CALCIFIED										14. DRESSED						
HEAD (A)	CERVICAL (B)		BRONCHIAL (C)		MEDIASTINAL (D)		LUNG (E)		PORTAL (F)				MESENTERIC (G)	OTHER (H)		
CS	CL	CS	CL	CS	CL	CS	CL	CS	CL	CS	CL	CS	CL	15. LIVE		

16. COMMENTS																
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17. CHECK <input type="checkbox"/> IF CARCASS RETAINED PENDING LAB RESULTS					18. FAX NO. (Include Area Code)					18a. TELEPHONE NO. (Include Area Code)					19. RESERVED	
20. NAME OF FOOD INSPECTOR (Type or print)										21. NAME OF VETERINARIAN (Type or print)					22. DATE COMPLETED	

LABORATORY USE ONLY																
23. DATE RECEIVED				24. ID ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NO				25. PRESERVATIVE				26. DISTRIBUTION				27. RECEIVED BY
28. ACCESSION #				29. CASE #				30. TRACKING #				31. SAMPLE #				

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INSTRUCTIONS FOR SUBMITTING TUBERCULOSIS LESIONS AND/OR THORACIC GRANULOMAS

I. TISSUE SELECTION AND PRESERVATION

- A. AVOID CONTAMINATION – Remove excess fat.
- B. Divide lesion tissue, including adjacent normal tissue, into blocks approximately ½ inch thick.
- C. Place ½ of tissue into jar of BUFFERED FORMALIN for histopathological examination.
Place ½ of tissue into jar of SODIUM BORATE SOLUTION for bacteriologic examination.
Maximum tissue to preservative ratio: Formalin 1:10
Borate 1:1

II. REPORTING FORMS [Inspection Operations Manual – Section 11(11) and 21.4(d)]

LESIONED NONREACTORS – Use: