

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 number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM
BRUCELLOSIS TEST RECORD

STATE		COUNTY		CODE																									
HERD NUMBER		HERD OWNER				LAST		FIRST		INITIAL		PREVIOUS TEST DATE		VET CODE		TOTAL		REA		SUS									
OWNER NUMBER		ROUTE-STREET-ROAD																											
TEST		PROG		WBBS		POST OFFICE				STATE				ZIP CODE				CERTIFICATION FOR PAYMENT <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (Federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (Owner's Expense)											
REASON FOR TEST		<input type="checkbox"/> INITIAL		<input type="checkbox"/> RETEST		RGE		TWP		SEC		DISTRICT		FARM UNIT		<i>I certify:</i> That I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding identification number; all numbers and letters of all ear tags have been listed, cattle with existing official ear tags have not been retagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.													
Slaughter Res		1		Hd. Cert./ Validation		6		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS						SUMMARY															
Lvat. Mkt. Res		2		Post Move Quar. & Test		7		<input type="checkbox"/> YES <input type="checkbox"/> NO						NEGATIVE															
Susp. Ring Test		3		Area Test		8		NO. IN HERD						SUSPECT															
Diagnostic		4		Epidemiology		9		KIND OF HERD						REACTOR															
Pvt. Sale		5		Other (Specify below)		10		<input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED						TOTAL															
REMARKS				LABORATORY		PLACE		DATE		REACTORS TAGGED AND BRANDED DATE: SIGNATURE:						AGREE CODE													
DATE LISTED				BY						LABORATORY RESULTS						REMARKS AND ADDITIONAL INFORMATION													
TUBE NO.		2		RECORD ALL IDENTIFICATION NUMBER(S)		VACC TATTOO		AGE		BREED		SEX		FLD T		BAPA RST		CARD		STT SPT		RIV		CF		TEST In-terp		REACTOR TAG NUMBER	
1																													
2																													
3																													
4																													
5																													
6																													
7																													
8																													
9																													
10																													
11																													
12																													
13																													
14																													
15																													

RT - Retag AB - Aborter NA - Natural Addition PA - Purchased Addition	Record ALL Eartag(s) and Tattoo(s)	Record ALL Legible Characters	FIELD TEST CODE N - Negative P - Positive	TEST INTERPRETATION N - Negative Classified by: S - Suspect R - Reactor Date Classified:	TEST AUTHORIZATION EXPIRES
--	---	--	--	---	---