

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 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 #	

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 collection of information is estimated to average .083 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.

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 1/2" inch thick.
- C. Place 1/2 of tissue into jar of **BUFFERED FORMALIN** for histopathologic examination.
Place 1/2 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:

VS Form 6-35 - Complete all applicable items. Supply all available information (Origin, Identification, Post Mortem, History, Presumptive Diagnosis)

Item 17: Check only if carcass is held pending Laboratory Results.
Enter fax number and phone number in blocks 18 and 18A, and see * below.
Attach VS Form 10-23 (orange retained label) across the top of the formalin jar.
Distribution of Form: Submit Original and 1 copy with specimens.
Retain MPI Copy (Part 3)

TB REACTOR ("T" BRANDED), SUSPECT AND EXPOSED ANIMALS
(Identified as such by VS Form 1-27) - Use VS Form 10-4 - Complete all applicable items.
Supply all available information (Origin, Identification, Post Mortem, History, Presumptive Diagnosis).
Distribution of Form: Submit Original and 3 copies with specimen; Retain "Submitter's" copy

III. IDENTIFYING DEVICES

Place all identifying devices from each animal (except branded reactors) in a plastic bag, and send to NVSL, Ames, Iowa, in the box with the specimens.

IV. SHIPPING CONTAINERS

- A. Use special 2 bottle TB mailer.
- B. No refrigeration required. **DO NOT FREEZE**; freezing ruins specimens
- C. **PREVENT LEAKAGE** - Tighten and tape cap.
- D. **ABSORBENT PAD** - Leave in place to absorb any leakage
- E. **IDENTIFYING DEVICES** - Leave in plastic bag on top of absorbent pad.
- F. **BLOOD SAMPLE** - Send to regular laboratory but identify it as a TB 6-35 animal, using VS Form 1-16 (orange TB ID card).
- G. **REPORTING FORMS** - Place between polystyrene container and outside mailer.
- H. **RETURN ADDRESS** - Provide complete return address and establishment number.
- I. **MAILING LABEL** - Insert polystyrene container in corrugated box; see #2 below

***For quickest turnaround when box 17 is checked:**

- 1. Complete box 18 and request in comments section to be put on list to automatically receive results by fax:
- 2. Use enclosed **FED-EX** billable stamp to overnight tissue to:
 - USDA, APHIS
 - NATIONAL VETERINARY SERVICES LABORATORY**
 - 1800 DAYTON ROAD
 - AMES, IOWA 50010
 - TELEPHONE NUMBER (515) 663-7200
- 3. Attach Orange Retained label across top of formalin jar.