

# Declaration of Negative Premises/Herd for Novel Swine Enteric Coronavirus Disease

Premises Number \_\_\_\_\_

I, \_\_\_\_\_ (herd veterinarian or herd representative), have determined that the above described premises/herd no longer meets the USDA case definition(s) of presumptive or confirmed positive for SECD and I hereby request the premises above to be classified as a negative premises/herd.

Industry recommended disease mitigation and control strategies were followed and:  
(check only one)

This premises uses all-in-all-out production methods. There are no longer pigs associated with the original laboratory test-positive result residing on the premises and the premises is being repopulated with pigs from an SECD negative source.

This premises does not use all-in-all-out production methods, and my veterinarian:  
 • or the individual overseeing sample collection submitted samples for testing; and,  
 • has determined the premises qualifies as SECD reporting negative based on the industry recommendation of three consecutive negative laboratory tests with the absence of clinical signs. The negative test results are provided below.

This premises does not use all-in-all-out production methods, and my veterinarian:  
 • has confirmed clinical signs associated with SECD have been absent for a minimum of 6 months; and,  
 • my veterinarian has submitted at least one diagnostic sample from swine representing the premises/herd where that diagnostic sample result was negative. The negative test results are provided below.

| Negative Test            | Submitter Name | Date Samples Collected | Laboratory Name | Laboratory Accession Number |
|--------------------------|----------------|------------------------|-----------------|-----------------------------|
| 1 <sup>st</sup> Negative |                |                        |                 |                             |
| 2 <sup>nd</sup> Negative |                |                        |                 |                             |
| 3 <sup>rd</sup> Negative |                |                        |                 |                             |

\*Attach additional sheets proving the absence of virus if necessary

\_\_\_\_\_  
Signature of Veterinarian or Herd Representative

\_\_\_\_\_  
Date

I understand the Federal Order titled *Reporting, Herd Monitoring and Management of Novel Swine Enteric Coronavirus Diseases* revised and reissued on January 4, 2016, requires reporting of all presumptive and confirmed positive herds; if SECD reappears, my herd status may change.

*Below this line is for Official Use Only*

USDA Review Date:  Name of Reviewing Official:

Agree with Declaration: Yes  or No  Status changed in EMRS: Yes  or No