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OMB APPROVED
0579-0146
EXP: 03/31/2023

The information in this report is needed for effective monitoring and management of the Tuberculosis Federal-State Cooperative Program (9 CFR Part 77).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

STATE

STATE CODE

YEAR

ACCREDITED AREA SURVEILLANCE FOR TUBERCULOSIS

SECTION I – BOVINE POPULATION AND HERD STATUS

SECTION II – BOVINE POPULATION AND HERD STATUS

| TYPE OF BOVINE | TOTAL HERDS A | TOTAL BOVINE B | TYPE OF BOVINE | TOTAL HERDS A | TOTAL BOVINE B |
|--|------------------|-------------------|---|------------------|-------------------|
| 1. Dairy | | | 9. Deer | | |
| 2. Beef | | | 10. Elk | | |
| 3. Total Bovine Population (Lines 1+2) | | | 11. All Other | | |
| 4. Accredited Herds | | | 12. Total Cervine Population (Lines 1+2+3) | | |
| 5. Herds Under Quarantine | | | 13. Accredited Herds | | |
| 6. M.bovis Confirmed or Suspicious Herds | | | 14. Qualified Herds | | |
| 7. Total No. Herds Quarantined During Year | | | 15. Monitored Herds | | |
| 8. Total No. Herds Released From Quarantine During Year | | | 16. Herds Under Quarantine | | |

SECTION III – SLAUGHTER WITHIN THE STATE

| | TOTAL BOVINE A | TOTAL CERVINE B | 17. M.bovis Confirmed or Suspicious Herds | |
|--|----------------------|-----------------------|--|--|
| 20. No. Slaughtered | | | 18. Total No. Herds Quarantined During Year | |
| 21. No. of VS 6-35s | | | 19. Total No. Herds Released From Quarantine During Year | |
| 22. Rate of VS 6-35 Submissions (Line 14 (divided by) Line 13 x 100,000) | | | 20. BREAKDOWN OF ITEM 20A <input type="checkbox"/> Federal Slaughter <input type="checkbox"/> State Slaughter <input type="checkbox"/> Both | |
| | | | 21. BREAKDOWN OF ITEM 20B <input type="checkbox"/> Federal Slaughter <input type="checkbox"/> State Slaughter <input type="checkbox"/> Both | |

SECTION IV – NAMES OF M.bovis CONFIRMED OR SUSPICIOUS HERDS (List each Herd shown in Item 6A and 17A)

| ACCREDITATION REQUEST | APPROVAL (Staff Use Only) | |
|---|---|------|
| We certify that this area is being maintained under and complies with provisions of: | This area is approved as a tuberculosis: | |
| <input type="checkbox"/> The Uniform Methods and Rules governing Modified Accredited Status | <input type="checkbox"/> The Uniform Methods and Rules governing Modified Accredited Status | |
| <input type="checkbox"/> The Uniform Methods and Rules governing Accredited Free Status | <input type="checkbox"/> The Uniform Methods and Rules governing Accredited Free Status | |
| SIGNATURE OF STATE OFFICIAL | NAME OF STATE OFFICIAL (Please print or type) | DATE |
| SIGNATURE OF FEDERAL PRIVATE PRACTITIONER IN CHARGE | NAME OF FEDERAL V-I-C (Please print or type) | DATE |
| SIGNATURE OF VETERINARY SERVICES OFFICIAL | NAME OF V-S-O (Please print or type) | DATE |

SECTION V – SPECIAL RETESTS OF HIGH RISK HERDS (UM&R, PART X)

TESTS OF HERDS WITH M. bovis INFECTION CONFIRMED BUT HERD NOT DEPOPULATED

| HERD OWNER | QUARANTINE RELEASE | 1 ST , 1 YR RETEST | 2 ND , 1 YR RETEST | 3 RD , 1 YR RETEST | 4 TH , 1 YR RETEST | 5 TH , 1 YR RETEST | 1 ST , 3 YR RETEST | 2 ND , 3 YR RETEST |
|------------|--------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
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TESTS OF HERDS WITH HISTORY OF LESIONS SUSPICIOUS M.bovis, BUT NOT CONFIRMED

| HERD OWNER | QUARANTINE RELEASE | 1 ST ANNUAL RETEST | 2 ND ANNUAL RETEST | OTHER |
|------------|--------------------|-------------------------------|-------------------------------|-------|
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REPORT OF PREMISES WHERE A TUBERCULOSIS HERD WAS DEPOPULATED

| HERD OWNER | DATE RESTOCKED | 1 ST RETEST (in 6 months) | 2 ND RETEST 1 YEAR AFTER 1 ST | 3 RD RETEST 3 YRS AFTER 2 ND | 4 TH RETEST 3 YRS AFTER 3 RD |
|------------|----------------|--------------------------------------|---|--|--|
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