

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	<h2 style="margin: 0;">INVESTIGATION FOR EVIDENCE OF TUBERCULOSIS</h2> <h3 style="margin: 0;">(Potential Source Herds)</h3>
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CODES - (The following codes are to be used under the respective column headings)				
REASON FOR TEST (20)	HERD TEST LESION CODE (21)	SEX (34)	REACTOR LESION (35)	LAB RESULTS (36)
1. AREA 2. HERD ACCREDITATION OR REACCREDITATION 3. COMPLY WITH MILK ORDINANCES 4. SALE, SHOW, INTERSTATE, INTRA-STATE OR EXPORT SHIPMENT 5. IMPORTED ANIMALS (Interstate or international) 6. RETEST OF QUARANTINED HERD  7. AFTER TRACING ANIMALS WITH LESIONS REGULAR KILL 8. AFTER TRACING REACTING ANIMALS 9. AFTER TRACING EXPOSED ANIMALS 10. OTHER ( <i>Miscellaneous</i> )	DENOTES ALL LOCATIONS OF LESIONS FOUND IN ALL OF THE REACTORS ON A HERD TEST  <div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;">BREED (33)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           1. HOLSTEIN            2. HEREFORD            3. JERSEY            4. GUERNSEY            5. ANGUS         </div> <div style="width: 48%;">           6. Ayrshire            7. SHORTHORN            8. SWISS            9. OTHER         </div> </div>	1. FEMALE  2. MALE  3. STEER	0. NO P.M. RPT. 1. NGL 2. SKIN 3. HEAD 4. THORACIC 5. ABDOMINAL 6. HEAD & THORACIC 7. HEAD & ABDOMINAL 8. THORACIC & ABDOMINAL 9. HEAD & THORACIC & ABDOMINAL	1. COMPATIBLE 2. SUGGESTIVE 3. NOT SUGGESTIVE 4. NO SPECIMEN

SECTION 1 - OWNERSHIP AND IDENTIFICATION OF REACTOR(S) PURCHASED FROM A KNOWN SOURCE								
NAME AND ADDRESS OF OWNER OF INFECTED HERD ( <i>include State, ZIP Code, and Premises Identification Number if known</i> )					1. 3.	NAME (2-7)	COUNTY (8-10)	STATE (11-12)
COUNTY	STATE		OWNER CLASS ( <i>Check one</i> ) (13)		DATE TEST READ (Mo., day, yr.)(14-19)	REASON FOR TEST (20)	HERD LESION CODE (21)	
		1. FARMER      3. STOCKYARD						
		2. DEALER      4. SALES RING						

The following animal reacted to the tuberculin test, and was reported to have been purchased from the previous owner named below. All herds with which this animal may have been associated previously should be investigated for evidence of TB.

IDENTIFICATION TAGS OR TATTOO (22-30)	REACTOR TAG	AGE (31-32)	BREED (33)	SEX (34)	ORIGIN REACTOR	LESION (35)	LAB RESULTS (36)	DESCRIPTION (Color, markings, horn) (Registration No. and name if purebred)	DATE PURCHASED	
					4				MONTH (37-38)	YEAR (39-40)

SECTION II - PREVIOUS OWNER OF ANIMAL FOUND TO BE A REACTOR			
PURCHASED FROM ( <i>Herd to be investigated</i> )			ADDRESS ( <i>Include Premises Identification Number, if known</i> )
COUNTY	STATE		OWNER CLASS ( <i>Check one</i> )
		1. FARMER      3. STOCKYARD	
		2. DEALER      4. SALES RING	

SECTION III - INTERSTATE MOVEMENT (Furnish the following information when interstate movement is involved)	
1. SERIAL NUMBER, DATE, CONSIGNOR'S NAME AND ADDRESS, AND OTHER PERTINENT INFORMATION SHOWN ON THE HEALTH CERTIFICATE COVERING THE ANIMAL WHEN MOVED INTERSTATE. (If the health certificate cannot be located, a statement to the effect should be made.)	
2. IF THE ANIMAL WAS RETAGGED AFTER LEAVING THE STATE OF ORIGIN - LIST THE ORIGINAL TAG NUMBER IF KNOWN, OR GIVE ANY OTHER PERTINENT INFORMATION THAT MAY MAKE TRACING POSSIBLE.	
3. ALL TEST DATES AND RESULTS OF HERD TESTS IN WHICH THE SUBJECT ANIMAL WAS A MEMBER AFTER IT HAS ENTERED THE RECEIVING STATE. (If no tests have been made, it should be so indicated.)	

4. DISTRIBUTION: 1 COPY - VETERINARIAN IN CHARGE; 1 COPY - VS, RIVERDALE, MD; 1 COPY - STATE VETERINARIAN		
REPORT SENT TO OFFICIALS IN STATE OF ORIGIN OR INSPECTOR	SIGNATURE OF VETERINARIAN IN CHARGE OR DESIGNEE	DATE

**SECTION IV - REPORT OF RESULTS OF INVESTIGATION AFTER TRACING A REACTOR**

PREVIOUS OWNER (41)  <b>1</b>				ADDRESS (Include Premisis Identification Number if known)				NAME (42-47)		COUNTY (48-50)	STATE (51-52)
COUNTY		STATE		OWNER CLASS (Check one) (53)		HOW WAS REACTOR LISTED IN PART 1 ACQUIRED BY THIS OWNER (Check one) (54)				DATE PURCHASED (Mo., yr.) (55-58)	
				1. FARMER	3. STOCKYARD	1. RAISED ON FARM	3. PURCHASED UNK. SOURCE				
				2. DEALER	4. SALES RING	2. ORIGIN UNKNOWN	4. PURCHASED KNOWN SOURCE				
HERD TEST RESULTS	DATE TEST READ			NUMBER OF		HERD TEST LESION CODE (70)	NUMBER OF REACTORS				REMARKED CODE (79-80)
	MONTH (59-60)	DAY (61-62)	YEAR (63-64)	ANIMALS TESTED (65-67)	REACTORS (68-69)		NO P.M. REPORT (71)	NGL (72-74)	SKIN (75-76)	INTERNAL LESION (77-78)	
REMARKS (Reason test not made on this herd)											

PREVIOUS OWNER (41)  <b>2</b>				ADDRESS (Include Premisis Identification Number, if known)				NAME (42-47)		COUNTY (48-50)	STATE (51-52)
COUNTY		STATE		OWNER CLASS (Check one) (53)		HOW WAS REACTOR LISTED IN PART 1 ACQUIRED BY THIS OWNER (Check one) (54)				DATE PURCHASED (Mo., yr.) (55-58)	
				1. FARMER	3. STOCKYARD	1. RAISED ON FARM	3. PURCHASED UNK. SOURCE				
				2. DEALER	4. SALES RING	2. ORIGIN UNKNOWN	4. PURCHASED KNOWN SOURCE				
HERD TEST RESULTS	DATE TEST READ			NUMBER OF		HERD TEST LESION CODE (70)	NUMBER OF REACTORS				REMARKED CODE (79-80)
	MONTH (59-60)	DAY (61-62)	YEAR (63-64)	ANIMALS TESTED (65-67)	REACTORS (68-69)		NO P.M. REPORT (71)	NGL (72-74)	SKIN (75-76)	INTERNAL LESION (77-78)	
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PREVIOUS OWNER (41)  <b>3</b>				ADDRESS (Include Premisis Identification Number if known)				NAME (42-47)		COUNTY (48-50)	STATE (51-52)
COUNTY		STATE		OWNER CLASS (Check one) (53)		HOW WAS REACTOR LISTED IN PART 1 ACQUIRED BY THIS OWNER (Check one) (54)				DATE PURCHASED (Mo., yr.) (55-58)	
				1. FARMER	3. STOCKYARD	1. RAISED ON FARM	3. PURCHASED UNK. SOURCE				
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REMARKS (Reason test not made on this herd)											

REPORT OF RESULTS OF INVESTIGATION SENT TO VETERINARY SERVICES, RIVERDALE, MD  
SIGNATURE OF VETERINARIAN IN CHARGE OR DESIGNEE

DATE

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0146. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**OMB Approved**  
0579-0146  
**EXP. 04/2027**