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 numbers for this information collection are 0579-0047 and 0579-0185. The time required to complete this collection of information is estimated to average .16 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
0579-0047 and 0579-0185

STATE

COUNTY | CODE

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM

BRUCELLOSIS TEST RECORD

HERD NUMBER | HERD OWNER *(LAST NAME, FIRST NAME, MI)*

PREVIOUS TEST DATE | VET CODE | TOTAL | REA | SUS

PREMISES ID NUMBER | ROUTE-STREET-ROAD

POST OFFICE | STATE | ZIP CODE

CERTIFICATION FOR PAYMENT

☐ FEDERAL EMPLOYEE ☐ FEE BASIS *(Federal)* ☐ STATE COUNTY ☐ PRIVATE *(Owner's expense)*

I CERTIFY:
That I have drawn blood samples from each animal identified below and have correctly listed each tube number with corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartags 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.

REASON FOR TEST ☐ INITIAL ☐ RETEST

GPS COORDINATES

Slaughter Rea	1	Hd. Cert/ Validation	6
Lvst. Mkt. Rea	2	Post Move Quar. Test	7
Susp. Ring Test	3	Area Test	8
Diagnostic	4	Epidemiology	9
Pvt. Sale	5	Other (*Specify below*)	10

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS
☐ YES ☐ NO
NO. IN HERD

KIND OF HERD
☐ DAIRY ☐ BEEF ☐ MIXED
☐ SWINE ☐ OTHER (*Specify below*)

SUMMARY	
NEG-ATIVE	
SUS-PECT	
REAC-TOR	
TOTAL	

SIGNATURE | AGREE CODE

ROUTE-STREET-ROAD | DATE BLED

POST OFFICE | STATE | ZIP CODE | FIELD TEST DONE BY:

REACTORS TAGGED AND BRANDED
DATE: SIGNATURE: | AGREE CODE

REMARKS

LABORATORY
PLACE | DATE Rec'd

DATE TESTED | BY:

LABORATORY RESULTS

TUBE NUMBER	2	RECORD ALL IDENTIFICATION NUMBER(S)	VACC TATTOO	AGE	BREED	SEX	RAP	BAPA	CARD	FPA ΔmP	CF	OTHER	TEST IN-TERP	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER

RT – Retag
NA – Natural Addition
PA – Purchased Addition
AB – Aborter

Record ALL Eartag(s) and Tattoo(s)

Record ALL Legible Characters

FIELD TEST CODE
N – Negative
P – Positive

TEST INTERPRETATION
N - Negative
S - Suspect
R - Reactor
Classified By/Date
By:_____
Date:_____

TEST AUTHORIZATION EXPIRES

VS FORM 4-33
JUNE 2014