VS Form 6-22 Tuberculosis Test Record

This form is to be used when eligible animals are tested for tuberculosis. Instances where this testing may be done would include: Change of ownership

- Interstate or intrastate movement
- International export
- Active surveillance for tuberculosis
- Herd accreditation

Consult with your State Animal Health Official (SAHO) Office or VS Area Office to determine the specific requirements in your state.

This document is intended to give guidance on how to complete VS Form 6-22. Recognize that these are not official directions and forms change over time. If you have any questions regarding how to complete this form, contact your VS Area Office. A properly completed form is critical to assure proper compliance.

STATE: State where the animals are currently located. It may not be the same as the owner's residence state.

COUNTY: Identify the county in which the cattle are currently located using the Federal Information Processing Standards (FIPS) county code. A list of FIPS county codes can be found at: *http://www.epa.gov/enviro/html/codes/state.html*.

TWP: SEC: Township and Section are systems used to give legal descriptions of parcels of land in many states. Record if appropriate.

HERD OWNER'S NAME-LAST: Last name of the current owner of the animal.

FIRST: First name of the current owner of the animal.

MI: Middle initial of the current owner of the animal, if available.

PREVIOUS TEST DATE: If the animals are being retested, enter the date of the previous test.

VET CODE: Identification code of the veterinarian that performed the **previous test**. This information can be found on the VttS Form 6-22 from the previous test.

TOTAL: Total number of animals tested on the **previous test**.

REA: Total number of reactors on the **previous test**.

SUS: Total number of suspects on the **previous test**.

DATE LISTED: Date of results reported for previous test.

HERD NUMBER: Herd numbers are assigned by the state. You may not have them when you complete the form; leave blank.

LESION: Leave blank.

TEST: Leave blank.

D-B: Leave blank.

U: Leave blank.

HERD OWNER'S COMPLETE ADDRESS: Complete mailing address of the current owner of the animal, including the ZIP code.

COUNTY: Name of county in which the animal(s) are currently located.



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TOWNSHIP OR DISTRICT: Geographical descriptions for locating parcels of land in some states. Record if appropriate.

SEC: Section is a geographical description for locating parcels of land in some states. Record if appropriate.

FARM NO.: Farm numbers are assigned by the state. The farm number may be the same as the herd number. You may not have a farm number, then leave blank.

REASON FOR TEST: Indicate the appropriate reason for performing this test; if "OTHER" is marked, state the reason. If the test if for export, print Export.

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS: Check "YES" if all eligible animals in the herd were tested. Check "NO" if some of the eligible animals in the herd were not tested for any reason. NO. ELIGIBLE ANIMALS IN HERD: Number of test eligible animals in the herd.

KIND OF HERD: Select the appropriate box to describe the type of animals being tested. "OTHER" would refer to situations that the provided boxes do not apply for. Example: OVINE.

METHOD OF TEST: Mark the appropriate box.

SUMMARY: Complete this block after testing is completed, indicating the number of animals within each category (NEGATIVE, SUSPECT, REACTOR, TOTAL).

CERTIFICATION FOR PAYMENT: Indicate whether you will receive payment for testing from either the "STATE/FEDERAL" government or from the "OWNER".

PRACTITIONER'S SIGNATURE: Signature of the accredited veterinarian who performed the test.

TELEPHONE NO: Telephone number (including area code) to contact the testing veterinarian.

PRACTITIONER'S NAME: Print the testing veterinarian's name.

AGREE CODE: Agreement code of the veterinarian performing the agreed duties. Agreement codes are assigned by your state. Some states require the state license number. Enter your National Accreditation Number (NAN) if required.

INJECTION: Print the location of the injection site. For example, Left Caudal Fold or Right Cervical

DATE: Date of the injection (test initiated).

HOUR: Approximate hour of the injection (test initiated).

OBSERVATION: Leave this area blank.

DATE: Date that injection site was observed for reaction.

HOUR: Approximate hour that injection site was observed for reaction.

REACTORS TAGGED AND BRANDED: Documents that reactor(s) have been tagged and branded appropriately. This is done by a State or Federal employee; leave blank for them to complete.

DATE: Date reactors were tagged and branded.

SIGNATURE: Signature of the veterinarian that supervised and oversaw the tagging and branding. AGREE CODE: Agreement code of the veterinarian that supervised and oversaw the tagging and branding.

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1: (column to the left of Identification Number) Mark "RT" if the animal has been previously identified, but is being retagged now for some reason. Also, identify whether the animal is a natural addition "NA" to the herd or was purchased "PA". (*Codes are posted at bottom of VS Form 6-22*)

IDENTIFICATION NUMBER: Provide an appropriate permanent identification number for each animal. If more than one form of identification is present, record them all. If no identification is present, apply metal eartag and record that number.

AGE: List the actual or estimated age of animal and the units; Y for years and M for months.

BREED: Use breed codes. See Breed Code Guide.

SEX: Indicate the sex of the animal (M – Male, F – Female, NM – Neutered Male, NF – Neutered Female).

RESULTS: Record the diameter of the indurated (hardened) area in millimeters in the first column (SIZE). Record the result of the test in the second column: N (Negative), R (Reactor), S (Suspect).

REACTOR TAG NUMBER: If reactors are present, record the reactor tag number applied. This is done by a state or federal employee; leave blank for them to complete.

DATE, OWNER'S SIGNATURE: Owner must sign and date the form.

THIS AUTHORIZATION TO TEST EXPIRES: Leave this area blank. This is only to be completed by a USDA or state official. This interval is determined by each state and may vary depending on the circumstance. Check with the State Animal Health Official's Office to determine under what circumstances you need to have this box completed.

VS Form 6-22B Tuberculosis Test Record - Continuation Sheet

This form is not to be used alone; rather it is a continuation of the VS form 6-22 Tuberculosis Test Record. All entries on VS Form 6-22 should be completed before using this form. Complete all boxes as completed on the main form. More than one VS Form 6-22B may be required, depending on the number of animals being tested for tuberculosis.

HERD NUMBER: Herd numbers are assigned by the state. You may not have it when you complete the form; leave blank.

PAGE NO.: Each continuation page should be numbered as well as the total number of pages. If utilizing three pages, the first continuation sheet would be numbered "Page 2 of 3" and the second continuation sheet would be numbered "Page 3 of 3".

HERD OWNER'S NAME - LAST, FIRST, INITIAL: This is the same as on the VS Form 6-22.

DATE READ: Only the date of observation needs to be provided on this form (not "DATE OF INJECTION"). This is the same observation date as on the VS Form 6-22.

VETERINARIAN: Print the last and first name of the testing veterinarian.

All of the animal information should be completed as described for the VS Form 6-22.

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 information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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COUNTY				TOWNSHIP OR DISTRICT							C.	FARM NO.	on the dates and with the results as entered in the appropriate spaces. That 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.							
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