



Texas Animal Health Commission Swine Test Record

COUNTY	CODE		
HERD NUMBER			
HERD OWNER - Last	First	MI	VETERINARIAN (Signature)
ADDRESS			AGREE CODE
ADDRESS			DATE BLED
CITY	STATE	ZIP CODE	ADDRESS
REASON FOR TEST: <input type="checkbox"/> INITIAL <input type="checkbox"/> RETEST - TEST CODE			CITY
BRU <input type="checkbox"/> PRV <input type="checkbox"/>			STATE
1. SLAUGHTER REACTOR <input type="checkbox"/> 5. VALIDATION/QUALIFY <input type="checkbox"/>			ZIP CODE
2. DIAGNOSTIC TESTING <input type="checkbox"/> 6. POST-MOVEMENT TEST <input type="checkbox"/>			SUMMARY:
3. ADJACENT/CIRCLE TEST <input type="checkbox"/> 7. EPIDEMIOLOGY TRACED <input type="checkbox"/>			BRUCELLOSIS
4. PRIVATE SALE/SHOW <input type="checkbox"/> 8. OTHER (specify below)			PSEUDORABIES
REMARKS:			NEGATIVE
UNIT #	REGION	LABORATORY:	SUSPECT
		DATE:	REACTOR
		SIGNATURE:	TOTAL

TUBE NO	2	RECORD ALL IDENTIFICATION NUMBER(S)	AGE	BREED	SEX	BRUCELLOSIS					PSEUDORABIES			REMARKS/ REACTOR TAG & DATE
						CARD	BAPA	FPA	RIV	TEST INTERP	ELISA	S	N	

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

Record ALL Eartag(s) and Tattoo(s)

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