Supplemental Tuberculin Product Reagent Request Form

United States Department of Agriculture

Animal and Plant Health Inspection Service

Veterinary Services

National Veterinary Services Laboratories

1920 Dayton Avenue
P.O. Box 844
Ames, IA
50010

(515) 337-7388
FAX (515) 337-7284

A supplemental tuberculin product order form is being required to better allow the NVSL Brucella and Mycobacteria Reagent Team staff to evaluate the quantity of tuberculin PPD required and possible vial volume best suited for scheduled testing. The table to the right may assist in calculating the vial size and quantity to order. Please complete the information below and email or fax this form along with the VS Form 4-9 directly to the NVSL User Fees Group at nvsl_concerns@usda.gov or (515) 337-7402
If questions arise please feel free to contact:
Teresa M. Sigafoose at
Teresa.m.sigafoose@usda.gov
Please continue to follow the same instructions when submitting to NVSL the required reagent request form (VS Form 4-9). Thanks!!

Reagent Code with Average Number of tests per vial	
131-B10	**75-80**
131-B5	**35-40**
131-B1	**5-6**
31-BAL	**5-6**
30-BAL	**5-6**
31-CER	**15-17**
131-B – caudal fold M. bovis PPD for bovine testing	
31-CER – double strength cervical M. bovis PPD (for use by federal/regulatory veterinarians only)	
31-BAL & 30-BAL only for use by Federal/regulatory veterinarians	

This form will be required for all tuberculin orders. Please only order enough tuberculin for a 3 MONTH SUPPLY.

# Animals To Test	[1] Scheduled Testing Dates	[2] Past Use History	Date Reagent Required By	Comments

[1] Scheduled Testing Dates – Known dates when testing will be conducted
[2] Past Use History - To be completed when Scheduled Testing Dates are Unknown. Based off of product distribution from last order

Current inventory on hand

131-B10		**31-CER**	
131-B5		**30-BAL**	
131-B1		**31-BAL**	

Requested By (Printed Name):_____ **NAN #:**_____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____