Lab Use Only – Please do not write in this area.

Accession #: _____

CATTLE TEST CHART

Clemson Livestock-Poultry Health
500 Clemson Road
Columbia, SC 29229
(803) 788-2260 Fax (803) 788-8058

OWNER INFORMATION:

Location ID Number_____

Owner Name_____

Farm Name_____

Address_____

_____

County_____ Phone (____)_____

Herd Type: Dairy_____ Beef_____

Complete Herd Test of All Eligible Animals: Yes____ No____

No. In Herd_____ No. Tested_____

VETERINARIAN INFORMATION:

Vet Name_____

Clinic Name_____

Address_____

_____

Phone (_____) _____ - _____

I verify that I have collected samples from each animal identified and have correctly listed each sample number with a complete corresponding identification number.

Signature_____

Date Collected _____/_____/_____ Vet Code_____

Reason For Test _____

Types of Samples _____

Summary of Brucellosis Results

No. Received_____ No. Negative_____

No. Reactors_____ No. Suspect_____

Lab Tech_____ Date _____/_____/_____

Other _____

Other Tests Requested

1._____ 5._____

2._____ 6._____

3._____ 7._____

4._____ 8._____

Animal Identification					Vacc. Tattoo	Brucellosis Test Results				Johne's Results		Other Tests/Remarks
Tube	Official Identification	Age	Breed	Sex		BAPA	Card	Riv	Int.	Elisa	Fecal	