

REPORT OF INTRADERMAL TEST

Owner Information				
Owner Name		R.R. or Street Address		
City	Province SK	Postal Code	Telephone No.	
Animal Location				
Lot/Section	Concession / Township		Township / Range	
County or RCM	Province AB	District Office Code		
Test Information				
Species Bovine	If "Other" Species	No. of Animals on Premises	No. of Animals Tested	CFIA Case No. (if assigned)
Reason for Testing				
<input type="radio"/> Code 1 Herd of Origin - Regular Kill		<input type="radio"/> Code 2 Herd of Origin - Other		<input type="radio"/> Code 3 Trace out / in, Contact, Perimeter to infected Herd
<input type="radio"/> Code 4 Repopulated Herd		<input type="radio"/> Code 5 Area Surveillance Test		<input checked="" type="radio"/> Code 6 Export - Artificial Insemination Program
<input type="radio"/> Code 7 Other (Include tests to meet US State Requirements)		<input type="radio"/> Code 8 Herd Retest		<input type="radio"/> Imported Animal
Type of Test				
<input checked="" type="radio"/> Caudal Fold		<input type="radio"/> Mid Cervical (0.1 ml)	<input type="radio"/> Single Cervical (0.2 ml)	<input type="radio"/> Other Specify _____
Type of Antigen				
<input checked="" type="radio"/> Bovine PPD		<input type="radio"/> Avian PPD	<input type="radio"/> Johnin	Lot No. <input type="text"/> Expiry Date (YYYY-MM-DD) <input type="text"/>
Injection Date (YYYY-MM-DD)		Reading Date (YYYY-MM-DD)		
Animal Information				
Eartag - Tatoo	Age	Sex	Name Description - Registration Number	Result
		M		Negative
Inspector or Accredited Veterinarian Information				
I certify that I have tested the animals described on the date and at the location shown and that I observed the results recorded.				
Name of Inspector or Accredited Veterinarian		Telephone	Address	
Signature of Inspector or Accredited Veterinarian		Date (YYYY-MM-DD)		

