

REPORT OF INTRADERMAL TEST

Owner Information

Owner Name		R.R. or Street Address		
City	Province	Postal Code	Telephone No.	

Animal Location

Lot/Section	Concession / Township	Township / Range		
County or RCM	Province	District Office Code		

Test Information

Species	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 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 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 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

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)	