

Tuberculin Test Report and Certificate of Clinical Inspection for Veterinary Inspectors

THIS FORM IS ALSO AVAILABLE IN WELSH

County Parish Holding Herd

1. CPHH Number

2. Address of owner

3. All address(es) where herd(s) is/are kept if different from above (including rented grazings)

4. OS map reference of:
a) main farm premises
b) cattle location (if different from 4(a) above)

5. Herd type (see list overleaf for code)

6. Reason for test (see list overleaf for code)

7. Officer testing (tick appropriate box): LVI ☐ VO ☐ TVI ☐

Animals	(a) Not tested	(b) Tested
Bulls		
Cows		
Heifers		
Calves under 42 days		
Other cattle		
	Total not tested	Total Tested
		Total in herd

9. Type of test (see note overleaf) Part test ☐ Complete test ☐

10. Have the movement records required to be kept under the current regulations been seen and appear substantially correct? ☐

Yes..... ☐

No – Records not requested ☐

No – Farmer unable/unwilling to produce ☐

No – Records unsatisfactory..... ☐

If LVI, please complete the following

	First visit	Second visit
	Task <input type="checkbox"/> of <input type="checkbox"/>	Task <input type="checkbox"/> of <input type="checkbox"/>
Mileage travelled	<input type="text"/>	<input type="text"/>
Engine capacity of vehicle used	<input type="text"/>	<input type="text"/>
No. of nights spent on visit	<input type="text"/>	<input type="text"/>

I declare that the visits and mileage recorded on this form were undertaken and incurred by me while on official business. To the best of my knowledge and belief, the information provided is correct.

Signature SP No.

11. Herd owner name

Day Month Year

12. First test day

13. Has the farmer been advised to enter use of tuberculin into the medicines book? Yes ☐ No ☐

14. TUBERCULIN BATCH No's
Avian Bovine

15. Has the test been undertaken as: Standard ☐ Severe ☐

Results (if reactors or IR's found complete 16, 17 and 18)

16. Has the owner/agent been instructed to isolate the animal(s) pending official notification? Yes ☐ No ☐

17. Has a TB2 restriction been served? Yes ☐ No ☐

18. Have the requirements of the restriction notice been explained to the owner? Yes ☐ No ☐

I certify that I have subjected the animals noted in 8b opposite to the Intradermal Comparative Tuberculin Test, and the result of each test as indicated on the relevant chart(s). I further certify that whilst performing the test, I clinically inspected the animals noted in 8b opposite (including a physical examination of reactors, inconclusive reactors, emaciated cattle etc.) and in my opinion no animal showed clinical signs of Tuberculosis, or any other notifiable disease of cattle with the exception of _____ animal(s) specified in the Schedule below.

19.

Identification Marks	Suspicious signs
<input type="text"/>	<input type="text"/>

20. Number of reactors Number of inconclusive reactors

(Details to be indicated in the remarks column(s) on TB 52A)

Signature

VI Name

Practice Name

Date

For Animal Health Office Use Only

(a) Date of next herd test	<input type="text"/>
(b) Interpretation for next test (standard = 1, severe = 2)	<input type="text"/>
(c) Reason for next test	VE- <input type="text"/>
This test:	standard = 1 <input type="text"/> severe = 2 <input type="text"/>
Interpretation by Animal Health Office	
(d) Number of reactors to be taken	<input type="text"/>
(e) Number of contacts to be taken	<input type="text"/>
(f) Number of IRs to be taken included in (e) above	<input type="text"/>
(g) Number of IRs not to be taken	<input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>
Name in BLOCK LETTERS	<input type="text"/>

Actions

Comments

Question 5 – Herd type

Code	Herd type
02	Beef
03	Beef Fattening
04	Beef Suckler
06	Calf Rearer
07	City Farm
08	Dairy
09	Dairy – Producer / Retailer
10	Dairy / Dealer
11	Dairy / Other
12	Dealer
17	Heifer
18	Heifer Rearer
20	House Cow
22	Mixed
24	Other
32	Stores

Question 6 – Reason for test (Continued)**Code**

Gamma interferon test-a blood test	VE-IFN
90 Day test	VE-90D
1st Hotspot check test	VE-CT-HS1
2nd Hotspot check test	VE-CT-HS2
Check test after badger RTA	VE-CT-RTA
New herd check test	VE-CT-NHI
2nd New herd check test	VE-CT-NH2
3rd New herd check test	VE-CT-NH3
Reformed herd check test	VE-CT-RH1
2nd reformed herd check test	VE-CT-RH2
3rd reformed herd check test	VE-CT-RH3
TB Pre- Movement test in Great Britain	VE-PRMT
TB Post- Movement test in England and Wales	VE-POSTMT
TB Post- Movement test in Scotland (where a pre-movement test has not been carried out)	VE-PRMTS
TB Post- Movement test in Scotland	VE-POSTMTS

Question 6 – Reason for test**Code**

Check Test	VE-CT
Short Interval Test	VE-SI
Six Month Test	VE-6M
Twelve Month Test	VE-12M
Contiguous Herd Test (First)	VE-CON
Contiguous Herd Test (6 Month) (DVM Discretion)	VE-CON6
Contiguous Herd Test (12 Month)	VE-CON12
Whole Herd Test (Annual Parish)	VE-WHT
Whole Herd Test (Biennial Parish) (DVM Discretion)	VE-WHT2
Routine Herd Test	VE-RHT
Inconclusive Reactor Test	VE-IR
Traced Bovine Test	VE-TR
Post Import (Irish) Test	VE-PII
Post Import (Other Origin) Test	VE-PIO
Export Test	VE-EX
Test for AI Purposes	VE-AI
Private Testing	VE-PRI

Question 9 – Type of test (Part / Complete)

When a veterinary surgeon is instructed to carry out a TB test on a herd and not all eligible cattle are tested, the “Part test” box on form TB 52 must be ticked. Once the remaining eligible cattle from that herd have been tested, the “Complete test” box on the TB 52 used for this secondary test must be ticked. Where instructions are unclear, the Animal Health Office should be consulted so that this question can be accurately completed on the TB 52.

Data Protection Statement

Defra, the Scottish Executive, the Welsh Assembly Government and the Food Standards Agency are data controllers in respect of personal data processed by Animal Health. For the purposes and usage of the data and the data sharing arrangements, please see full Data Protection Statement on the Animal Health website: <http://www.defra.gov.uk/animalhealth/about-us/accesstoinformation/fairprocessing.htm>. A hard copy of this can be provided if required; please contact your local Animal Health office. Animal Health will not permit any unwarranted breach of confidentiality or act in contravention of their obligations under the Data Protection Act 1998.