



**Tuberculin Test Report and Certificate of Clinical Inspection for Approved Veterinary Surgeons**

**THIS FORM IS ALSO AVAILABLE IN WELSH**

1. CPHH number
2. Address of owner
3. Address where herds are kept if different from above (including rented grazings)
4. OS map reference of:  
 a) Main farm premises   
 b) Cattle location (if differs from 4a above)
5. Herd type (see code list overleaf)
6. Reason for Test (see code list overleaf)
7. Testing Officer    OV     APHA Veterinarian

8. Animals	a) Not Tested	b) Tested	
Bulls			
Cows			
Heifers			
Calves under 42 days			
Other Cattle			
	<b>Total Not Tested</b>	<b>Total Tested</b>	<b>Total in Herd</b>

9. Type of Test (see over)    Part     Complete
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

OV Completion		
	First Visit Task of	Second Visit Task of
Mileage travelled		
Engine capacity of vehicle		
No. of nights spent on visit		
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	<input type="text"/>	SP No. <input type="text"/>

11. Herd owner name
12. First test day
13. Has the farmer been advised to enter use of tuberculin into the medicines book?    Yes     No

14. TUBERCULIN BATCH Numbers:  
 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?    Yes     No
17. Has the keeper/ their agent been provided with a restriction information document?    Yes     No
18. Has the keeper/their agent been informed of the test results?    Yes     No
19. Date the keeper/their agent were informed

I certify that I have subjected the animals noted in section 8b to the single 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 inspected all of the animals noted in section 8b, I conducted a full clinical examination on any animal that showed clinical signs suspicious of Tuberculosis or other notifiable disease.  animals were examined and details are included in the Schedule below. Note - A reminder that where suspicion of notifiable disease cannot be ruled out on examination, it must be reported to APHA immediately.

20.	Identification Marks	Suspicious Signs
	<input type="text"/>	<input type="text"/>

21. Number of Reactors     Number of Inconclusive Reactors (IRs)

(Details to be indicated in the remarks column(s) on TB52a)

Signature

Name

Practice Name

Date

For APHA 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	<input type="text"/>		
This test : Interpretation by APHA office	Standard =1	Severe = 2	
d) Number of reactors to be taken	<input type="text"/>	<input type="text"/>	
e) Number of contacts to be taken	<input type="text"/>	<input type="text"/>	
f) Number of IRS to be taken <b>included</b> in (e) above	<input type="text"/>	<input type="text"/>	
g) Numbers of IRs not to be taken	<input type="text"/>	<input type="text"/>	
Signature	<input type="text"/>	Date	<input type="text"/>
Name in BLOCK LETTERS <input type="text"/>			
Actions <input type="text"/>			
Comments <input type="text"/>			

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 ( <i>Continued</i> )	Code
6 Month Test	6M
12 Month Test	12M
TB Unit Test	TBU
1st Potential Hotspot Check Test	CT-HS1
2nd Potential Hotspot Check Test	CT-HS2
Traced Bovine Test	TR
Private TB Test	PRI
Pre-Movement Test in Great Britain	PRMT
Post-Movement Test in England and Wales	POSTMT
TB Post-Movement Test in Scotland (where a Pre-Movement Test has not been carried out)	PRMTS
TB Post-Movement Test in Scotland	POSTMTS
Export Test	EX
Post Import (Irish) Test	PII
Post Import (Other) Test	PIO
Test for AI Purposes	AI
Gamma Interferon Test - a blood test	IFN

Question 6 - Reason for test	Code
New Herd Check Test	CT-NH1
2nd New Herd Check Test	CT-NH2
Routine Herd Test 48 Months	RT48
Whole Herd Test	WHT
Whole Herd Test 48 Months	WHT2
Inconclusive Reactor Retest	IR
Short Interval Test	SI
Partial Short Interval Test	PSI
Approved Segregated Group	ASG
Delayed Testing Group	DTG
Check Test - Investigation and Intervention	CT(I&I)
Check Test - Exposure Mitigation	CT(EM)
Contiguous Herd Test	CON
Contiguous Herd Test 6 Months	CON6
Contiguous Herd Test 12 Months	CON12
Radial Herd Test	RAD
Radial Herd Test 6 Months	RAD6
Radial Herd Test 12 Months	RAD12

#### Question 9 - type of test (Part/Complete)

When an Approved 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 TB52 must be ticked. Once the remaining eligible cattle from that herd have been tested, the "Complete test" box on the TB52 used for this secondary test must be ticked. Where instructions are unclear, the APHA Office should be consulted so that this question can be accurately completed on the TB52.

#### DATA PROTECTION

For information on how we handle personal data please go to [www.gov.uk](http://www.gov.uk) and search animal and plant health agency personal information charter.

APHA is an Executive Agency of the Department for Environment, Food and Rural Affairs and also works on behalf of the Scottish Government, Welsh Government and Food Standards Agency to safeguard animal and plant health for the benefit of people, the environment and the economy.