



## Non-Bovine Tuberculin Test Report and Certificate of Clinical Inspection

**Must be returned to APHA within 24 hours if Reactors/Inconclusive Reactors (IRs) found, or five working days for clear tests**

1. (a) Name and address of owner

(b) Address where herd is kept (if different including rented grazings)

Postcode:

Postcode:

2. Herd reference number     3. Date of test

4. Tuberculin Batch No./Expiry date 

AVIAN	<input type="text"/>	<input type="text"/>
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BOVINE	<input type="text"/>	<input type="text"/>
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5. Species and numbers tested (A separate TN52B **must** be completed for each species)

a) Species	b) Number tested	c) Number <b>not</b> tested	d) Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Records: Are on-farm records available as required by the legislation? Yes  No  Not checked

7. I certify that **\*\*delete as applicable**

**\*\*I have subjected the animals noted in 5 (b) above to the intradermal single/comparative\* \*delete as applicable tuberculin test and the result of each test was as indicated.**

**\*\*I have administered an intradermal bovine tuberculin injection for the purpose of priming the animal for an antibody test and the skin reactions have not been read (this option can only be selected for Contiguous Testing of Camelid herds in England).**

I further certify that I have on  **insert date** clinically inspected the animals noted in 5 (b) above and in my opinion no animal showed clinical signs of tuberculosis, or of any other notifiable disease with the exception of the animal(s) specified in the Schedule below:

Identification marks

Clinical/pathological conditions

Remarks

Number of Reactors  Number of IRs

Has the keeper/agent been informed of the test results? Yes  No

Has the keeper/agent been instructed to isolate the above animals pending the receipt of the restriction notice? Yes  No

Signature  Date

Name in BLOCK LETTERS  Tel No.

Veterinary Practice

**For APHA office use only**

**1. Type of Test (tick one box only):**

Herd routine test  Herd short interval test  Herd check test  IRs   
Post-import check test  Export  Other  Check test for individual animal(s)

**2. Is test clear?** Yes  No

**3. Interpretation (tick one box only):** Normal  Infected herd

**4. Number of:** (a) Reactors  Date of next herd test   
(b) Contacts   
(c) IRs

Signature

Name  Date

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**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.

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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.

<b>HM3 Stamp</b>	Name:		Date Received:		WS ID:	
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