

USDA - APHIS - VETERINARY SERVICES

OMB APPROVED  
0579-0146  
EXP: XX/XXXX

**COMPARATIVE CERVICAL TUBERCULIN TEST RESULTS**     **BOVINE**     **CERVINE**    OR     **OTHER** \_\_\_\_\_

**NAME OF HERD OWNER** *(Last, First, Middle Initial)*

**ADDRESS** *(Including Zip Code)*

**COMPARATIVE TEST**

<b>NUMBER TESTED</b>	<b>DATE INJECTED</b>
<b>COMPARATIVE RETEST</b> <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD	<b>OBSERVATION DATE</b>

**PRIOR CFT OR SCT**

<b>NUMBER TESTED</b>	<b>DATE INJECTED</b>
<b>NEG.</b>	<b>SUS.</b>
<b>REA.</b>	

**NAME OF VETERINARIAN**

**TITLE**

**DATE**

