

Supplemental Tuberculin Product Reagent Request Form

United States Department of Agriculture

Animal and Plant Health Inspection Service

Veterinary Services

National Veterinary Services Laboratories

1920 Dayton Avenue P.O. Box 844 Ames, IA 50010

(515) 337-7181 FAX (515) 337-7284 A supplemental tuberculin product order form is being required to better allow the NVSL Brucella and Mycobacteria Reagent Team staff to evaluate the quantity of tuberculin PPD required and possible vial volume best suited for scheduled testing. The table to the right may assist in calculating the vial size and quantity to order. Please complete the information below and email or fax this form along with the VS Form 4-9 directly to the NVSL User Fees Group at nvsl.concerns@aphis.usda.gov or (515) 337-7402 If questions arise please feel free to contact:

Teresa M. Sigafoose-Grimm at Teresa.m.sigafoose@aphis.usda.gov

Please continue to follow the same instructions when submitting to NVSL the required reagent request form (VS Form 4-9). Thanks!!

Reagent Code with Average Number of tests per vial			
131-B10	75-80		
131-B5	35-40		
131-B1	5-6		
31-CER	15-17		
31-BAL	5-6		
30-BAL	5-6		
131-B – caudal fold M. bovis			
PPD for bovine testing			
31-CER – double strength single			
cervical M. bovis PPD for single			
cervical testing in bovine and			
cervids			

This form will be required for all tuberculin orders. Please only order enough tuberculin for a <u>3 MONTH SUPPLY</u>.

# Animals To Test	¹ Scheduled Testing Dates	² Past Use History	Date Reagent Required By	Comments

¹Scheduled Testing Dates – Known dates when testing will be conducted

Current inventory on hand

131-B10	31-CER	
131-B5	30-BAL	
131-B1	31-BAL	

Requested By (Printed Name):					
Phone:	Email:				
Signature		Date:			

² Past Use History - To be completed when Scheduled Testing Dates are Unknown. Based off of product distribution from last order