

Please submit samples to:
 VDC
 University of Nebraska - Lincoln
 East Campus Loop and Fair Street
 Lincoln, NE 68583-0907
 (402) 472-1434

Accession No.: _____

Johne's Testing/Certification Program

Herd ID No.: _____ Name: _____ Address: _____ City/state/zip: _____ County: _____	I have sampled these animals and affirm that identifications are correct. _____ Veterinarian (Signature) Accreditation No.: _____ Clinic name: _____ Address: _____ City/state/zip: _____ Telephone: (_____) _____
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Current Johne's Disease Status: Uncertified _____ Standard _____ Level 1 _____ Track _____ Level 2 _____ Level 3 _____ Fast _____ Level 4 _____ Track _____	Reason for test: Maintain status: _____ Move to next level: _____ Herd size: Cows >3 yrs. old: _____ Bulls >2 yrs. old: _____	Sample date: _____ Total samples submitted: Serum: _____ Feces: _____
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Sam. No.	Official Identification	Other ID	Sex	Age	Results	Sam. No.	Official Identification	Other ID	Sex	Age	Results
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					

Number Negative: _____ Number Positive: _____ Total Tested: _____
 Date Received: _____ Date Reported: _____ Reported by: _____

WHITE - BAI Office
CANARY - Veterinarian
PINK - VDC
GOLD - OWNER