

According to the Paperwork Reduction Act of 1995, no persons are required to re-displays a valid OMB control number. The valid OMB control number for this information required to complete this information collection is estimated to average 5 hours.

FORM APPROVED OMB NO. 0579-0051		<b>No. F 101922</b>	
5. STATE WHERE ISSUED <u>MT</u>			
6. MOVEMENT TO BE		<input checked="" type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE	
7. MOVEMENT FOR		<input checked="" type="checkbox"/> QUARANTINE <input type="checkbox"/> SLAUGHTER	
8. DISEASE <u>Bruce/Isis</u>	9. STATUS OF ANIMALS	11. STATUS OF AREA OF ORIGIN	
	No. Reactor <u>4</u>	No. Exposed <u>4</u>	No. Other (Specify) <u>CD Permit # 1P00CNCGR</u>
10. STATUS OF HERD OF ORIGIN <u>Infected</u>	<u>DSA</u>		
12. NO. ANIMALS IN THIS SHIPMENT <u>8</u>	13. SPECIES (One only) <u>Bison</u>		
14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO. <u>A372561 A362709</u>			
15. SEAL NO. <u>AN. H. 11</u>	16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION <u>DA</u>		

respond to a collection of information unless it  
information collection is 0579-0051. The time

This permit is required for the movement of animals that are moved to specific locations in order to control  
exposed animals that are moved to specific locations in order to control

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

### PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code)

USDA APHIS VS

Gonacorn Study

Cawin Spring MT

2. CONSIGNEE (Destination Name and Address, include Zip Code)

USDA APHIS VS @ NWRC

4101 LaFerte Ave

Fort Collins CO

3. MOVED FROM (Name and Location of Premise if other than item 1 above)

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

USDA APHIS VS

Cawin Spring MT



This permit identifies restricted animals moved for quarantine, and prevent spread of disease to identify disease infected by disease (2 CFR 21 through 95)

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code)  
APHIS, VS. BGRS  
Cow in Spring Montana

2. CONSIGNEE (Destination Name and Address, include Zip Code)  
APHIS VS NWRC  
4101 LaPorte Ave  
Ft. Collins CO 80521

3. MOVED FROM (Name and Location of Premises if other than item 1 above)

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED  
#1

5. STATE WHERE ISSUED  
Montana

6. MOVEMENT TO BE  
☒ INTERSTATE ☐ INTRASTATE

7. MOVEMENT FOR  
☒ QUARANTINE ☐ SLAUGHTER

8. DISEASE  
Brucellosis

9. STATUS OF ANIMALS  
No. Reactor: No. Exposed: No. Other (Specify):

10. STATUS OF HERD OF ORIGIN  
Infected

11. STATUS OF AREA OF ORIGIN  
DSA

12. NO. ANIMALS IN THIS SHIPMENT  
12

13. SPECIES (For info)  
Bison

14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.  
A316237-TA

15. SEAL NO.  
3785226  
3745227

16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION  
☐ YES ☒ NO

(If Yes, Items 20, 23, and 24 are Applicable)

17. ANIMALS TO BE MOVED									
COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)	COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
Or. 3R18	Brs	M	N/A	840003003334/845	Or. 3R24	Brs	M	N/A	840003003334/855
Or. 3R13				" 842	Or. 420		F		" 855
Or. 3R30				" 843	Red 10		F		840003002600/802
Or. 3R26				" 844	Red 12		F	MA	" 804
Or. 3R21		F		" 846					
Or. 3R25		M		" 847					
Or. 3G02				" 848					
Or. 3R07				" 849					

I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal regulations.

18. SIGNATURE OF INSPECTOR  
[Signature]

19. DATE ISSUED  
1/9/14

20. TIME ISSUED  
8:00 AM

VOID AFTER

21. DATE  
1/10/14

22. TIME  
10:00 AM

WARNING TO OWNER, SHIPPER AND TRUCKER - LIVESTOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION

I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged to will arrange for a copy of this permit to accompany the interstate shipment and be delivered with the above described animals.

23. SIGNATURE OF OWNER OF SHIPPER  
[Signature]

24. TITLE  
☒ OWNER ☐ SHIPPER

25. DATE SIGNED  
1/9/14

I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 26.

26. DATE ANIMALS RECEIVED

27. DATE ANIMALS ARRIVED

28. NO. ANIMALS RECEIVED

29. DATE SLAUGHTERED/QUARANTINED

30. DATE AND TIME RECEIVED

31. AUTHORIZED SIGNATURE

32. DATE CLEANED AND DISINFECTED IS

33. SIGNATURE OF INSPECTOR

34. DATE SIGNED

US FPM 5-27  
L-1000 (20)

Previous edition may be used.

PART 1 - TO ACCOMPANY SHIPMENT



Lot with Springs, MT  
ORIGIN ADDRESS (IF DIFFERENT THAN ABOVE)  
PURPOSE OF MOVEMENT

See reverse side for additional information

FORM APPROVED  
OMB NO. 0579-0051  
**No. E 111145**

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (include Zip Code)  
USDA, APHIS, VS  
Gona Con Research Facility  
Corwin Springs, MT

2. CONSIGNEE (Destination Name and Address, include Zip Code)  
USDA, APHIS, Research Pens  
4101 La Porte Ave  
Fort Collins, CO

3. MOVED FROM (Name and Location of Premise if other than item 1 above)

NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED  
as # 1

4. DISEASE  
Brucellosis

5. STATE WHERE ISSUED  
Montana

6. MOVEMENT TO BE  
☒ INTERSTATE ☐ INTRASTATE

7. MOVEMENT FOR  
☒ QUARANTINE ☐ SLAUGHTER

8. STATUS OF ANIMALS  
No. Reactor 10 No. Other Exposed (Specify)

9. STATUS OF AREA OF ORIGIN  
Research-Infected DSA

10. NO. ANIMALS IN THIS SHIPMENT 10

11. SPECIES (One only) Bison

12. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO. A362636

13. SEAL NO. Federal Escort

14. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION  
☐ YES ☒ NO  
(If Yes, Items 32, 33, and 34 are Applicable)

15. ANIMALS TO BE MOVED

COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)
40-003-003	Bison	Fe	N/A	Red 52
11 -607		F		Green 27
11 -608		F		Red 421
11 -609		F		Green 26
11 -610		F		Green 23
40-003-003		M		4R03
344-951		M		4R67
11 -956		F		4R16
11 -957		F		

16. DATE ISSUED 15 Jan 2015

17. DATE ISSUED 9 AM

18. DATE ISSUED 15 Jan 2015

19. DATE ISSUED 9 AM

20. DATE ISSUED 15 Jan 2015

21. DATE 17 Jan 15

22. TIME 9 AM

23. DATE SIGNED 15/Jan/15

24. DATE SIGNED 15/Jan/15

25. DATE SIGNED 15/Jan/15

26. DATE SIGNED 15/Jan/15

27. DATE SIGNED 15/Jan/15

28. DATE SIGNED 15/Jan/15

29. DATE SIGNED 15/Jan/15

30. DATE SIGNED 15/Jan/15

31. DATE SIGNED 15/Jan/15

32. DATE SIGNED 15/Jan/15

33. DATE SIGNED 15/Jan/15

34. DATE SIGNED 15/Jan/15

35. DATE SIGNED 15/Jan/15

36. DATE SIGNED 15/Jan/15

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96. DATE SIGNED 15/Jan/15

97. DATE SIGNED 15/Jan/15

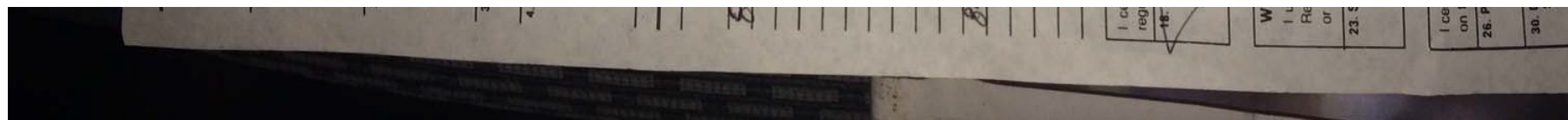
98. DATE SIGNED 15/Jan/15

99. DATE SIGNED 15/Jan/15

100. DATE SIGNED 15/Jan/15

001887





001888



## Necropsy 421

Thursday, April 23, 2015

Bison, Female, 3 yr

Animal found dead in second pen from the western side of inner facility at APHI/APHIS WRF. This animal was transported to Fort Collins in January, 2015 from the Bison Quarantine Facility in Corwin Springs, MT. This was an excess animal from a Gonacon study. This animal is *Brucella* seropositive.

Animal was in fair body condition.

On necropsy, tissues were noted to have marked autolysis. All tissues were dark and friable. Extensive green discoloration of tissue surfaces noted.

Copious unclotted blood in thoracic cavity and abdominal cavity

GI tract: very loose stool.

Lungs: Green surface. Floated in formalin.

Heart: Enlarged, flabby

Head: not observed. Submitted to Colorado State University for diagnostics

Collected: prescapular Inn, popliteal In, lung, spleen, liver, kidney, ruminal Inn, iliac Inn, mesenteric Inn, colon with feces, ileum, ileocecolic Inn, heart.

Submitted: head for rabies FA, lung/prescapular Inn for OHV-2 and CHV-1 PCR; blood for *Bacillus anthracis* PCR.

Colorado State University results:

Multifocal, acute, mild ulcerative stomatitis with cheek papillary necrosis

Rabies FA negative

OHV-2 positive on lung/In/cheek lesion pool

CHV-1 PCR negative

*Bacillus anthracis* negative on blood and ear notch/lung pool



## Laboratory Report

### Version 4

*This report supersedes all  
previous reports for this case*

**Case #:** F1532360  
**Referral #:** 421  
**Date Collected:**  
**Date Received:** 04/23/2015  
**Case Coordinator:** Dr. Tawfik Aboellail  
**Owner:** None Provided

**Email To:** [pauline.nol@aphis.usda.gov](mailto:pauline.nol@aphis.usda.gov)  
NWRC/Vet Services  
Dr. Pauline Nol  
4101 Laporte Ave.  
Fort Collins, CO 80521

**Report of:**  
Dr. Tawfik Aboellail  
sent by Christina Weller  
on 4/27/2015 5:11:55PM

#### Case Contacts

Bill To	NWRC/National Wildlife Research Center	970-266-6140	JACK.C.RHYAN@APHIS.USDA.GOV
Report To	Nol,Pauline	970-266-6126	pauline.nol@aphis.usda.gov
Submitter	Rhyan, Jack	970-266-6140	jack.c.Rhyan@APHIS.usda.gov

#### Specimen Details

<b>ID</b>	<b>Taxonomy</b>	<b>Sex</b>	<b>Age</b>
421	American Bison	Female	

**Owner:** None Provided

**Specimens Received:** Blood; Body; Brain Tissue; Tissue Pool;

#### Laboratory Findings/Diagnosis

Multifocal, acute, mild ulcerative stomatitis with cheek papillary necrosis.

Test for malignant cattarrhal fever is pending. MCF is the primary rule-out.

Real-time PCR for anthrax is negative. Rabies testing is also pending.

#### Virology

##### Rabies FA

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	F1532360-01.0004	Brain Tissue	24-Apr-2015	Negative

#### B S L 3

##### Bacillus anthracis (Anthrax) real-time PCR

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	2	Blood	24-Apr-2015	Negative
421	3	Tissue Pool	24-Apr-2015	Negative Lung and Ear notch pool

#### Molecular Diagnostics



Owner: None Provided

**Ovine Herpesvirus 2 (OHV-2 MCF) - PCR**

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	F1532360-01.0005	Tissue Pool	27-Apr-2015	Positive Cheek mucosa, lung and lymph node were pooled for testing.

**N e c r o p s y****Necropsy Wildlife / Exotics Gross Examination Only**

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	1	Body		Billing Pending

End of Report

Montana Department of Livestock  
State Veterinarian  
PO Box 202001, Helena, MT 59620-2001

# MONTANA CERTIFICATE OF VETERINARY INSPECTION

81 454416

TO ACCOMPANY SHIPMENT

CONSIGNOR NAME AND ADDRESS  
USDA, APHIS - Gona Con Study  
Cotwin Springs, MT

CONSIGNEE NAME AND ADDRESS  
USDA, APHIS Research Pens  
4101 La Porte Ave, Ft Collins, CO

PERMIT NO.  
BRAND (NSP NO.)  
DATE ISSUED  
DATE RECD  
NO OF ANIMALS  
IN SHIPMENT

PURPOSE OF MOVEMENT:  
☐ BREEDING ☐ SLAUGHTER ☐ FEEDING ☒ RESEARCH  
☐ EXHIBITION, ETC.  
SPECIES:  
☐ CATTLE ☐ HORSES ☐ SHEEP ☐ SWINE ☐ POULTRY  
☒ OTHER: Bison  
ORIGIN OF SHIPMENT:  
A) County: Park B) Marker:

AREA OF ORIGIN STATUS:  
☐ TB MODIFIED ACCREDIT  
☐ TB FREE  
☐ BRUCELLOSIS FREE  
☐ PRV STAGEY  
☒ OTHER: DSA

CARRIER:  
☒ TRUCK ☐ OTHER  
NAME & ADDRESS: USDA, APHIS  
4101 La Porte Ave  
Ft Collins, CO

VACCINATION OR TREATMENT FOR  
(EXCEPT BRUCELLOSIS)  
PRODUCT:  
DATE:  
RECORD NEGATIVE TEST RESULTS  
LAB:

EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	LINE NO.	REGISTRATION NAME AND NUMBER OR DESCRIPTION	VACCINATION TATTOO SYMBOL OR DATE	AGE	SEX	BREED	Disease Type of Test	Disease Type of Test
840-003-003-405-600	1	Bangle tag Red 52	N/A	34	F	Bison	DATE	DATE
607	2	Green 27		34	F			
608	3	Red 42		34	F			
609	4	Green 26		34	F			
610	5	Green 23		34	F			
840-003-003-344-951	6	4R03		9M	M			
936	7	4R07		9M	M			
957	8	4R16		9M	F			
958	9	4R21		9M	F			
952	10	4224		4M	F			
	11							
	12							
	13							
	14							
	15							
	16							

VETERINARY CERTIFICATION:  
I certify as an Accredited Veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease (except as noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge the animals shown on this certificate meet State of Destination and Federal Interstate requirements. No warranty is made or implied.

Date: 15 Jan 15  
Printed Last Name: CLARKE  
Address: 187 Tobiasen Tr, Belgrade, MT 59714  
Accredited Veterinarian Signature: [Signature]  
License #: 1081  
Tel. No: 406-388-5162

OWNER/AGENT STATEMENT (where applicable)  
"The animals in this shipment are those certified to and listed on this certificate."  
Signature of Owner/Agent: [Signature]  
Address: 65 Emigrant Meadow Rd, Emigrant, MT 59027  
Date: 15 Jan 15



## Laboratory Report

### Version 4

*This report supersedes all  
previous reports for this case*

**Case #:** F1532360  
**Referral #:** 421  
**Date Collected:**  
**Date Received:** 04/23/2015  
**Case Coordinator:** Dr. Tawfik Aboellail  
**Owner:** None Provided

**Email To:** [pauline.nol@aphis.usda.gov](mailto:pauline.nol@aphis.usda.gov)  
NWRC/Vet Services  
Dr. Pauline Nol  
4101 Laporte Ave.  
Fort Collins, CO 80521

**Report of:**  
Dr. Tawfik Aboellail  
sent by Christina Weller  
on 4/27/2015 5:11:55PM

#### Case Contacts

Bill To	NWRC/National Wildlife Research Center	970-266-6140	JACK.C.RHYAN@APHIS.USDA.GOV
Report To	Nol,Pauline	970-266-6126	pauline.nol@aphis.usda.gov
Submitter	Rhyan, Jack	970-266-6140	jack.c.Rhyan@APHIS.usda.gov

#### Specimen Details

<b>ID</b>	<b>Taxonomy</b>	<b>Sex</b>	<b>Age</b>
421	American Bison	Female	

**Owner:** None Provided

**Specimens Received:** Blood; Body; Brain Tissue; Tissue Pool;

#### Laboratory Findings/Diagnosis

Multifocal, acute, mild ulcerative stomatitis with cheek papillary necrosis.

Test for malignant cattarrhal fever is pending. MCF is the primary rule-out.

Real-time PCR for anthrax is negative. Rabies testing is also pending.

#### Virology

##### Rabies FA

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	F1532360-01.0004	Brain Tissue	24-Apr-2015	Negative

#### BSL 3

##### Bacillus anthracis (Anthrax) real-time PCR

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	2	Blood	24-Apr-2015	Negative
421	3	Tissue Pool	24-Apr-2015	Negative Lung and Ear notch pool

#### Molecular Diagnostics

Owner: None Provided

**Ovine Herpesvirus 2 (OHV-2 MCF) - PCR**

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	F1532360-01.0005	Tissue Pool	27-Apr-2015	Positive Cheek mucosa, lung and lymph node were pooled for testing.

**N e c r o p s y****Necropsy Wildlife / Exotics Gross Examination Only**

Animal/Source	Specimen	Specimen Type	Result Date	Results
421	1	Body		Billing Pending

End of Report

WiLDIT Pens Fort Collins, CO

Bison

Serum for Brucella testing

3.29.17

Animal ID	Age	Sex
4R07	3	M
4G02	3	M
4R16	3	F
4R24	3	F
4G17	3	F
4G06	3	M
4R03	3	M
3R21	4	F
4R21	3	F



Bison Serum to Steve Hennager for Brucella serology  
From Jack Rhyan

Animal ID	Date Collected
4R21	5/28/15
4R16	5/28/15
420	1/27/15
62	1/27/15
69	1/27/15
3R21	1/27/15
66	1/27/15
63	1/27/15
5R18	1/27/15
61	1/27/15
3R13	1/27/15
3R26	1/27/15
65	1/27/15
130	1/27/15
3R30	1/27/15
3R7	1/27/15
3R25	1/27/15
3R24	1/27/15
52R	5/6/15
47	5/6/15
R57	10/9/14
156	10/9/14
4R7	5/27/15
3G02	1/27/15

Bison Tissues (b)(3)

From Jack Rhyan

Animal ID	Tissue Type	Date Collected
4R21	Hep whole blood	5/28/15
4R16	Hep whole blood	5/28/15
420	Hep whole blood	1/27/15
62	Hep whole blood	1/27/15
69	Hep whole blood	1/27/15
3R21	Hep whole blood	1/27/15
66	Hep whole blood	1/27/15
63	Hep whole blood	1/27/15
5R18	Hep whole blood	1/27/15
61	Hep whole blood	1/27/15
3R13	Hep whole blood	1/27/15
3R26	Hep whole blood	1/27/15
65	Hep whole blood	1/27/15
130	Hep whole blood	1/27/15
3R30	Hep whole blood	1/27/15
3R7	Hep whole blood	1/27/15
3R25	Hep whole blood	1/27/15
3R24	Hep whole blood	1/27/15
3G02	Hep whole blood	1/27/15
4R7	Hep whole blood	5/27/15
156	Hep whole blood	10/9/14
157	Hep whole blood	10/9/14

(b)(3)

From Jack Rhyan

[illegible]





## MONTANA VETERINARY DIAGNOSTIC LABORATORY

1911 WEST LINCOLN, BOZEMAN, MT 59718  
P.O. Box 997, BOZEMAN, MT 59771  
WEB: [www.liv.mt.gov/lab](http://www.liv.mt.gov/lab)

PHONE: (406) 994-4885  
FAX: (406) 994-6344  
EMAIL: [livdiagnosticlab@mt.gov](mailto:livdiagnosticlab@mt.gov)



PATRICK RYAN CLARKE D.V.M.  
PO BOX 202001  
HELENA MT 59601

**CASE: 16-19788**

**Name/ID:** Green 09 - with fetus

**Species:** American Bison

**Sex:** Female **Age:** Adult

**County:** Park

**Owner:** USDA, APHIS, VS - R. Clarke

**FINAL REPORT 09/02/16**

**Accessioned:** 06/08/16

**Authorized by:** SS

**Previous Reports**

07/08/16

09/02/16

### CASE SUMMARY

Verified on: 09/02/16 by: SS

#### ADDITIONAL INFORMATION:

Referral culture has been completed on this case, and these results are attached to this final report.

Stephen K. Smith, DVM, Diplomate, ACVP

Verified on: 07/07/16 by: SS

#### REASON FOR SUBMISSION:

Brucella culture

#### LABORATORY DIAGNOSIS:

Pending

#### COMMENT:

Despite the reconfirmation of this cow's serologic status, initial, in-house bacterial cultures fail to isolate Brucella from either of these animals, and these results are attached to this preliminary report. Referral culture is still pending, and these results will be posted when available.

Stephen K. Smith, DVM, Diplomate, ACVP

### PATHOLOGY

Verified on: 07/07/16 by: SS

#### GROSS DESCRIPTION:

This is the carcass of an adult, intact female bison (Green tag #09), with a full term calf that is partially protruding from the vagina. Much of the subcutaneous and deeper connective tissue surrounding the vagina and cervix is hemorrhagic and edematous. No

001899

other significant gross changes are present, and representative samples were taken and submitted for referral Brucella culture.

CLINICAL MICROBIOLOGY

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Brucella Culture					Verified on: 06/20/16 by: JR
Animal ID	Specimen	Isolate #	Organism	Amount	
Green 09 - with fetus	lung		Negative for Brucella sp.		
Green 09 - with fetus	liver		Negative for Brucella sp.		
Green 09 - with fetus	spleen		Negative for Brucella sp.		
Green 09 - with fetus	caruncle		Negative for Brucella sp.		
Green 09 - with fetus	Abomasal Contents		Negative for Brucella sp.		

SEROLOGY

---

		Carcass	Verified on: 06/09/16 by: AF
Animal	BRUFP		
Green 09 - with fetus	Positive		
Bru. FPA Delta mP value at 89.2 mP. Afs 06/09/2016			

REFERRAL

---

Referral Aerobic Culture		lung	Verified on: 08/30/16 by: JM
Animal ID	Test	Result	
Green 09 - with fetus		Negative-See attached	

**National Veterinary Services Laboratories**

PO Box 844

Ames, Iowa 50010

Phone: 515-337-7514 Fax: 515-337-7938

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish) 1-800-877-8339

The USDA is an equal opportunity provider and employer.

FINAL REPORT

**Laboratory Test Report**

Sensitive But Unclassified/Sensitive Security Information - Disseminate on a Need-To-Know Basis Only

**Owner**USDA, APHIS, VS - Ryan Clarke  
, MT**Accession Number:** 16-019153**Animal Location**

Park County MT, US

**Date Collected:** 06/08/2016**Date Received:** 06/10/2016**Submitter - 2047**MT Department of Livestock  
Diagnostic Laboratory Division  
1911 W Lincoln St  
PO Box 997  
Bozeman, MT 59718  
FAX #: 406-994-6344  
Phone #: 406-994-4885**Date Completed:** 08/30/2016**Collected By:** Dr. Stephen K. Smith,**Purpose:** General Diagnostic**Referral Number:** 16-19788

This is not a billable case.

**NOTE: Condition of the sample(s) was adequate unless otherwise noted.**

Sample: 16-19788,G09 Animal ID: G09 Brucella Case Number: B16-0390 Specimen Type: Tissue Species: Bison

Brucella Isolation Result

No Isolation Made

Individual specimen results are listed below:

**Lymph Node / Lymph Node- S. Mammary**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Internal Iliac**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Internal Iliac**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Retropharyngeal**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Prescapular**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Mandibular**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Popliteal**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Prefemoral**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Mesenteric**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Parotid**

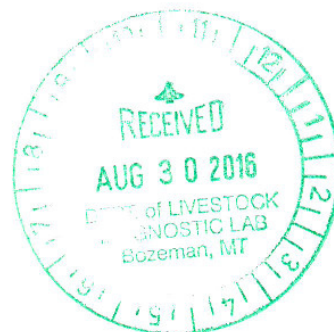
Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Bronchial**

Brucella Isolation Result

No Isolation Made

**Lymph Node / Lymph Node- Hepatic**

16 - 19788

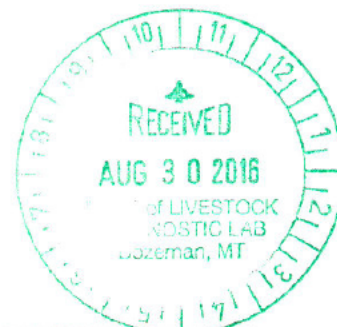
06/08/16

Page 1 of 2

Date Generated: 8/30/2016



Brucella Isolation Result	No Isolation Made
<b>Uterus/Vagina / Uterus</b>	
Brucella Isolation Result	No Isolation Made
<b>Tissue / Cervix</b>	
Brucella Isolation Result	No Isolation Made
<b>Ovary/Oviduct / Ovary</b>	
Brucella Isolation Result	No Isolation Made
<b>Placenta / Placenta</b>	
Brucella Isolation Result	No Isolation Made
<b>Tissue / Placental Cotyledon</b>	
Brucella Isolation Result	No Isolation Made
<b>Tissue / Uterus- Caruncle</b>	
Brucella Isolation Result	No Isolation Made
<b>Mammary Gland / Mammary Gland</b>	
Brucella Isolation Result	No Isolation Made
<b>Spleen / Spleen</b>	
Brucella Isolation Result	No Isolation Made
<b>Kidney / Kidney</b>	
Brucella Isolation Result	No Isolation Made
<b>Liver / Liver</b>	
Brucella Isolation Result	No Isolation Made
<b>Swab / Swab- Uterine</b>	
Brucella Isolation Result	No Isolation Made
<b>Tissue / Ileum</b>	
Brucella Isolation Result	No Isolation Made
<b>Swab / Swab- Rectal</b>	
Brucella Isolation Result	No Isolation Made
<b>Feces / Feces</b>	
Brucella Isolation Result	No Isolation Made



Sample: 16-19788, G09 Fetus Animal ID: G09 fetus Brucella Case Number: B16-0391 Specimen Type: Tissue Species: Bison

Brucella Isolation Result No Isolation Made

Individual specimen results are listed below:

**Fetus / Tissue- Not Identified**

Brucella Isolation Result No Isolation Made

**Fluid / Fluid- Abomasal**

Brucella Isolation Result No Isolation Made

Results authorized by:

(b)(3)

Help Us Help You

(This new section will be updated periodically with tips for submitters.)

Quality samples yield the most accurate results. Please call if you have questions.

16-19788  
16-19153  
8-30-16

FEES:

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B. Abortus FP	1.60
Brucella Culture	80.00
Shipping	32.20
Referral Culture	0.00
Case Summary	0.00
Necropsy LA >500#	157.50
Incineration per pound	234.00
Additional Information	0.00
Total	505.30

(This is not a bill. Do not make payments from this report.)

Montana Department of Livestock  
 State Veterinarian  
 PO Box 202001, Helena, MT 59620-2001

**CERTIFICATE**

CONSIGNOR NAME AND ADDRESS		CONS
APHIS, VS, BQFS		A
Corwin Springs,		4
ORIGIN ADDRESS (IF DIFFERENT THAN ABOVE)		DESTI
Montana		F
PURPOSE OF MOVEMENT:		AREA
<input type="checkbox"/> BREEDING <input type="checkbox"/> SLAUGHTER <input type="checkbox"/> FEEDING <input checked="" type="checkbox"/> EXHIBITION, ETC. <i>Research</i>		<input type="checkbox"/> T
SPECIES:		<input type="checkbox"/> T
<input type="checkbox"/> CATTLE <input type="checkbox"/> HORSES <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> POULTRY		<input type="checkbox"/> E
<input checked="" type="checkbox"/> OTHER: <i>Bison</i>		<input type="checkbox"/> F
ORIGIN OF SHIPMENT:		<input checked="" type="checkbox"/> C
A) County: <i>Park</i> B) Market: _____		
EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	LINE NO.	N.
840 003 003 334 845	1	<i>Research</i>
840 003 003 334 842	2	
840 003 003 334 844	3	
840 003 003 334 843	4	
840 003 003 334 846	5	
840 003 003 334 847	6	
840 003 003 334 849	7	
840 003 003 334 848	8	



840 003 003 334 855	8	
840 003 003 334 848	9	
840 003 002 600 802	10	
840 003 002 600 804	11	
	12	
	13	
	14	
	15	
	16	

**VETERINARY CERTIFICATION:**

I certify as an Accredited Veterinarian that the above described animals of infectious, contagious, or communicable disease (*except as noted*). certificate. To the best of my knowledge the animals shown on this certificate. No warranty is made or implied.

Date: 8 Jan 2014 Accredited Veterinarian Signature: \_\_\_\_\_

Printed Last Name: CLARKE

Address: **(b) (6)**

**Form SV-7 (Rev. 8/99)**

Control #2

## STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

## SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

DATE BLED: 1/10/17
REASON FOR TEST
<input checked="" type="checkbox"/> DIAGNOSTIC
<input type="checkbox"/> REGULATORY
<input type="checkbox"/> QUARANTINE / IMPORTS

DATE RECEIVED: 01-12-17
SPECIES: Bsm
COUNTY: Paul
PAGE: 1 OF PAGES: 2

OWNER: USDA APHIS US, Gonsalon
ADDRESS: 772 Hwy 84 S. Crown Sprng MT ZIP

SUBMITTED BY: P. Rasmussen
ADDRESS: (b) (6)

DESTINATION / QUARANTINE NO. / REMARKS:  
BAPS - Gonsalon - Calf Health

If required, phone/FAX results to: K. Gray, K. Clarke, J. Rhyon

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.

TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS - 8 SEROVARS	OTHER
						Card	Bsm	Bsm	Bsm	CF			FPA mP values	
1	Green 11	AD	F	BS	N/A	Pos	Pos	Pos	3+160				FPA = 124.1 mP	
2	Green 12					Pos	Pos	Pos	4+640				FPA = 132.4 mP	
3	Green 18					Neg	Neg	Neg	N				FPA = 6.5 mP	
4	Green 20					Neg	Neg	Neg	N				FPA = 7.0 mP	
5	Green 30					Pos	Pos	Pos	2+320				FPA = 56.9 mP	
6	3617					Neg	Neg	Neg	N				FPA = 6.3 mP	
7	3608					Pos	Pos	Pos	2+10				FPA = 156.9 mP	
8	3614					Pos	Pos	Pos	3+40				FPA = 210.0 mP	
9	3720					Neg	Neg	Susp	1+10				FPA = 19.4 mP (Suspect)	
10	3722					Pos	Pos	Pos	3+10				FPA = 181.5 mP	

Card, BAPA, FPA &amp;

CF

Released: 1/31/17

No. Samples

No. Seropositive

No. Suspect

No. Seronegative

No. Undetermined

Comments

TESTED BY

30 30 30 30

16 16 16 16

— — 1 10

14 14 13 13

— — — —

Card BAPA 202

Op/24/17 1/24/17 1/27/17

If mP between 10-20 Suspect  
If mP > 20 - Positive  
Test interpretation



17 - 10788

01/12/17

001906

SV-2A (Rev. 10/02)

SEE REVERSE SIDE FOR KEY

LAB CHARGE \$

CASE NO



Control #2

## STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
 BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

## CONTINUATION SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

OWNER USDA APHISOS Gonalon  
 SUBMITTED BY JL. Clarke  
 DATE 1/10/17 PAGE 2 OF 2

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	FTB	IBT	BVD	BLV	LEPTOSPIROSIS - 8 SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Card	Brn	Brn	Brn	CF			FPA mP values	
11	Tul 33	AD	F	Bison	U/A	Pos	Pos	Pos	N				FPA = 157.2 mP	
12	Tul 35					Neg	Neg	Pos	1+10				FPA = 30.6 mP	
13	Tul 37					Neg	Neg	Neg	2+10				FPA = 7.1 mP	
14	Tul 40					Pos	Pos	Pos	3+10				FPA = 191.3 mP	
15	Tul 50					Pos	Pos	Pos	3+10				FPA = 83.8 mP	
16	Tul 64					Pos	Pos	Pos	1+40				FPA = 151.2 mP	
17	Tul 67					Pos	Pos	Pos	1+80				FPA = 185.9 mP	
18	Tul 71					Pos	Pos	Pos	2+10				FPA = 122.5 mP	
19	Tul 72					Pos	Pos	Pos	2+10				FPA = 184.9 mP	
20	Tul 73					Pos	Pos	Pos	2+80				FPA = 114.3 mP	
21	Tul 74					Pos	Pos	Pos	1+10				FPA = 181.1 mP	
22	6320	cally	F			Neg	Neg	Neg	N				FPA = 7.2 mP	
23	6317		M			Neg	Neg	Neg	N				FPA = 0.2 mP	
24	6308		M			Pos	Pos	Neg	N				FPA = 5.2 mP	
25	6R73		F			Neg	Neg	Neg	N				FPA = 2.2 mP	
26	6322		M			Neg	Neg	Neg	N				FPA = 8.7 mP	
27	6R35		M			Neg	Neg	Neg	N				FPA = 3.1 mP	
28	6R71		M			Neg	Neg	Neg	N				FPA = 3.9 mP	
29	6620		M			Neg	Neg	Neg	N				FPA = 6.5 mP	
30	6611		F			Neg	Neg	Neg	N				FPA = 7.8 mP	

DATE BLED: 1/10/17

REASON FOR TEST

☒ DIAGNOSTIC

☐ REGULATORY

☐ QUARANTINE/IMPORTS

STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

DATE RECEIVED: 01-12-17

SPECIES Bison

COUNTY Park

PAGE 1 OF PAGES 3

OWNER USDA APHIS VS Gonacon

ADDRESS 772 Hwy 89 S

Gardner - Crown Springs MT ZIP

SUBMITTED BY P. Tyson Clark

ADDRESS (b) (6)

DESTINATION/QUARANTINE NO./REMARKS: BGS-Gonacon-Cattle Health

Control 1

If required, IL, Hg, IL, Cl, IL, S, K, H, Y, N, phone/FAX results to

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS - 8 SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Card	Bru	Bru	Bru				FPA mP values	
1	Green 08	AD	F	BIS	u/a	Pos	Pos	Pos	1+10				FPA = 213.7 mP	
2	Green 14					Pos	Pos	Pos	3+10				FPA = 234.9 mP	
3	Green 15					Pos	Pos	Pos	1+10				FPA = 210.2 mP	
4	Red 03					Pos	Pos	Pos	2+46				FPA = 114.8 mP	
5	Red 06					Pos	Neg	Pos	2+10				FPA = 207.6 mP	
6	Red 07					Neg	Pos	Neg	N				FPA = 4.7 mP	
7	Red 08					Pos	Pos	Pos	N				FPA = 193.7 mP	
8	Red 09					Pos	Pos	Pos	3+160				FPA = 194.3 mP	
9	Red 13					Pos	Pos	Pos	N				FPA = 193.8 mP	
10	Red 16					Pos	Pos	Pos	1+320				FPA = 273.4 mP	

No. Samples	32	32	32	32										
No. Seropositive	19	22	22	13										
No. Suspect	-	-	-	7										
No. Seronegative	13	10	10	12										
No. Undetermined	-	-	-	-										
Comments	Card	BVD	IBR	PTB										
TESTED BY	ap/24/17	ap/24/17	ap/24/17	ap/24/17										

Card, SADA, FPA & CF

Released 1/31/17

\* If mP values between 10-20 → SUSPECT

\* If mP values greater than 20 → POSITIVE

Test interpretation



17-10789

01/12/17

Control #2

## STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

OWNER	USDA APISUS, Gonacon
SUBMITTED BY	R. Clarke
DATE	1/10/17
PAGE	2 OF 3

## CONTINUATION SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS	SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Concl	Brn	Brn	Brn	up	up		FPA mP values		
11	Red 18	AD	F	BIS	U/A	Pos	Pos	Pos	N				FPA = 179.2 mP		
12	Red 20					Neg	Pos	Pos	3+40				FPA = 135.3 mP		
13	Red 21					Pos	Pos	Pos	N				FPA = 184.0 mP		
14	Red 22					Pos	Pos	Pos	3+160				FPA = 159.0 mP		
15	Red 24					Pos	Neg	Pos	1+10				FPA = 187.4 mP		
16	Red 26					Neg	Pos	Pos	2+40				FPA = 33.2 mP		
17	5608	1	M			Pos	Pos	Pos	3+20				FPA = 176.9 mP		
18	5609	1	F			Pos	Pos	Pos	2+80				FPA = 31.1 mP		
19	5615	1	M			Pos	Pos	Pos	3+160				FPA = 170.7 mP		
20	5622	1	M			Neg	Pos	Pos	2+40				FPA = 22.7 mP		
21	6018	Cal	F			Pos	Pos	Pos	2+80				FPA = 41.9 mP		
22	6016		M			Neg	Neg	Neg	N				FPA = 3.3 mP		
23	6022		F			Neg	Neg	Neg	N				FPA = 8.3 mP		
24	6003		M			Neg	Neg	Neg	N				FPA = 5.5 mP		
25	6007		F			Neg	Neg	Neg	N				FPA = 8.3 mP		
26	6006		F			Pos	Pos	Pos	2+40				FPA = 206.9 mP		
27	6015		M			Neg	Neg	Neg	1+20				FPA = 8.8 mP		
28	6024					Neg	Pos	Neg	N				FPA = -6.2 mP		
29	6019					Neg	Neg	Neg	1+10				FPA = 9.7 mP		
30	6016					Neg	Neg	Neg	N				FPA = 0.7 mP		

17-10789



DATE BLED: 1/10/17

REASON FOR TEST

☒ DIAGNOSTIC

☐ REGULATORY

☐ QUARANTINE / IMPORTS

STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

DATE RECEIVED: 01-12-17

SPECIES Bison

COUNTY Park

PAGE 1 OF PAGES 3

OWNER USDA APHIS VS Gonacon

ADDRESS 772 Hwy 89 S

Graham-Crown Springs MT ZIP

SUBMITTED BY P. Tison Clarke

ADDRESS (b) (6)

DESTINATION / QUARANTINE NO. / REMARKS: BGS-Gonacon-Cattle Health

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS - 8 SEROVARS	OTHER	
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Card	BRU	BT	ANA	PTB	IBR	BVD	BLV	FPA mP values	
1	Green 08	AD	F	BIS	N/A	Pos	Pos	Pos	Pos	1+10				FPA = 213.7 mP	
2	Green 14					Pos	Pos	Pos	Pos	3+10				FPA = 234.9 mP	
3	Green 15					Pos	Pos	Pos	Pos	1+10				FPA = 210.2 mP	
4	Red 03					Pos	Pos	Pos	Pos	2+40				FPA = 114.8 mP	
5	Red 06					Pos	Neg	Pos	Pos	2+10				FPA = 207.6 mP	
6	Red 07					Neg	Pos	Neg	N					FPA = 4.7 mP	
7	Red 08					Pos	Pos	Pos	N					FPA = 193.7 mP	
8	Red 09					Pos	Pos	Pos	Pos	3+160				FPA = 194.3 mP	
9	Red 13					Pos	Pos	Pos	N					FPA = 193.8 mP	
10	Red 16					Pos	Pos	Pos	Pos	1+320				FPA = 273.4 mP	

Card, SADA, FPA & CF

Released 1/31/17

No. Samples 32

No. Seropositive 19

No. Suspect -

No. Seronegative 13

No. Undetermined -

Comments Card BADA

TESTED BY 01/24/17 01/24/17 01/24/17

No. Seropositive 19

No. Suspect -

No. Seronegative 13

No. Undetermined -

Comments Card BADA

TESTED BY 01/24/17 01/24/17 01/24/17

\* If mP values between 10-20 → SUSPECT

\* If mP values greater than 20 → POSITIVE

Test interpretation 01/31/17



17-10789

01/12/17



Control #2

## STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
 BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

## CONTINUATION SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

OWNER	USDA APHSUS, Genaleen
SUBMITTED BY	R. Clarke
DATE	1/10/17
PAGE	2 OF 3

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS	SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Conc	Brn	Brn	Brn	up	up				
11	Red 18	AD	F	BIS	U/A	Pos	Pos	Pos	N				FPA mP values		
12	Red 20					Neg	Pos	Pos	3+40				FPA = 179.2 mP		
13	Red 21					Pos	Pos	Pos	N				FPA = 135.3 mP		
14	Red 22					Pos	Pos	Pos	3+160				FPA = 184.0 mP		
15	Red 24					Pos	Neg	Pos	1+10				FPA = 159.0 mP		
16	Red 26					Neg	Pos	Pos	2+40				FPA = 187.4 mP		
17	56108	1	M			Pos	Pos	Pos	3+20				FPA = 33.2 mP		
18	56109	1	F			Pos	Pos	Pos	2+80				FPA = 176.9 mP		
19	5615	1	M			Pos	Pos	Pos	3+160				FPA = 31.1 mP		
20	5722	1	M			Neg	Pos	Pos	2+40				FPA = 170.7 mP		
21	6218	Carl	F			Pos	Pos	Pos	2+80				FPA = 22.7 mP		
22	6246		M			Neg	Neg	Neg	N				FPA = 41.9 mP		
23	6222		F			Neg	Neg	Neg	N				FPA = 3.3 mP		
24	6203		M			Neg	Neg	Neg	N				FPA = 8.3 mP		
25	6207		F			Neg	Neg	Neg	N				FPA = 5.5 mP		
26	6206		F			Pos	Pos	Pos	2+40				FPA = 8.3 mP		
27	6615		M			Neg	Neg	Neg	1+20				FPA = 206.9 mP		
28	6224					Neg	Pos	Neg	N				FPA = 8.8 mP		
29	629					Neg	Neg	Neg	1+10				FPA = -6.2 mP		
30	6246					Neg	Neg	Neg	N				FPA = 9.7 mP		
													FPA = 0.7 mP		

DATE BLED: 1/11/17

REASON FOR TEST

☒ DIAGNOSTIC

☐ REGULATORY

☐ QUARANTINE/IMPORTS

STATE OF MONTANA GC # 2

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION

BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

DATE RECEIVED: 01-12-17

SPECIES: Bison

COUNTY: Park

PAGE 1 OF PAGES 3

OWNER: USDA APHIS US, Gonacon

ADDRESS: Colwin Spring MT ZIP

SUBMITTED BY: P. Ryan / K. L.

ADDRESS: (b) (6)

DESTINATION / QUARANTINE NO. / REMARKS: BQBS-Gonacon-Cattle/Hack

If required, phone/FAX results to: R. Frey, R. Chole, J. Rhyon

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	FTB	IBT	BVD	BLV	LEPTOSPIROSIS — 8 SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Canal	Beta	Beta	Beta	CF (1/10)				
1	Green 01	AD	F	Bison	4/4	Neg	Neg	Neg	N				FPA mP values	
2	Green 07					Neg	Neg	Neg	N				FPA = 2.4 mP	
3	Green 13												FPA = 9.6 mP	
4	Green 21												FPA = 0.9 mP	
5	Green 24												FPA = 8.3 mP	
6	Green 25												FPA = 9.6 mP	
7	Red 32					Pos	Pos	Pos	7+160				FPA = 196.4 mP	
8	Red 34					Neg	Pos	Pos	1+40				FPA = 35.1 mP	
9	Red 36					Neg	Pos	Pos	1+40				FPA = 73.4 mP	
10	Red 38					Pos	Pos	Pos	4+80				FPA = 150.3	
						Neg	Neg	Neg	N	(FPA = 3.7 mP)			FPA test interpretation:	

No. Samples: 34

No. Seropositive: 13

No. Suspect: -

No. Seronegative: 21

No. Undetermined: -

Comments: Canal Beta

TESTED BY: D. J. / 1/12/17

1/31/17

17-10790

01/12/17

GC #2

## STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
 BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

## CONTINUATION SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

OWNER	USA APARTS, Gonahon
SUBMITTED BY	R. Clarke
DATE	1/11/17
PAGE	2 OF 3

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS — 8 SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Card	Brn	Brn	Brn					
11	Heel 39	AD	F	BOS	N/A	Pos	Pos	Pos	3+40				FPA mP values	
12	Heel 41					Neg	Pos	Pos	N				FPA = 72.0 mP	
13	Heel 42					Neg	Pos	Pos	3+20				FPA = 62.4 mP	
14	Heel 43					Pos	Pos	Pos	3+40				FPA = 47.7 mP	
15	Heel 44					Pos	Pos	Pos	3+10				FPA = 190.5 mP	
16	Heel 45					Pos	Pos	Pos	2+40				FPA = 151.5 mP	
17	Heel 46					Neg	Neg	Pos	3+80				FPA = 179.1 mP	
18	Heel 47					Pos	Pos	Pos	3+10				FPA = 118.0 mP	
19	Heel 48					Pos	Pos	Pos	3+80				FPA = 159.8 mP	
20	Heel 49					Pos	Pos	Pos	2+20				FPA = 158.9 mP	
21	Heel 51					Pos	Pos	Pos	N				FPA = 175.9 mP	
22	Heel 53					Neg	Pos	Pos	3+40				FPA = 48.8 mP	
23	Heel 54					Pos	Pos	Pos	3+10				FPA = 80.7 mP	
24	Heel 55					Pos	Pos	Pos	3+40				FPA = 181.4 mP	
25	Heel 56					Pos	Pos	Pos	2+80				FPA = 159.7 mP	
26	6 R 53	CalP				Neg	Neg	Neg	N				FPA = 187.2 mP	
27	6 R 13					Neg	Neg	Neg	N				FPA = -2.0 mP	
28	6 R 01					Neg	Neg	Neg	N				FPA = 3.9 mP	
29	6 R 25					Neg	Neg	Neg	N				FPA = 2.5 mP	
30	6 R 34					Neg	Neg	Neg	N				FPA = 1.8 mP	
						Neg	Neg	Neg	N				FPA = 3.3 mP	





Gona Con #1

## STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
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DATE BLED:	1/12/17
REASON FOR TEST	
<input checked="" type="checkbox"/>	DIAGNOSTIC
<input type="checkbox"/>	REGULATORY
<input type="checkbox"/>	QUARANTINE / IMPORTS

**SEROLOGY REPORT**  
 COMPLETE SHADED AREAS ONLY

GC #1

DATE RECEIVED:	1-12-17
SPECIES	Bison
COUNTY	Pol
PAGE	OF PAGES
1	2

OWNER	USDA ADHS US
ADDRESS	
Location	Corum Smp MT ZIP

SUBMITTED BY	P. Ryan Clarke
ADDRESS	(b) (6)

DESTINATION / QUARANTINE NO. / REMARKS: BDFS - Gona Con - Cattle Health  
 If required, phone/FAX results to: R Frey, R. Clarke, J Rhyman

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTS	IEB	BVD	BLV	LEPTOSPIROSIS	SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Card	Bun	Bun	Bun	CF					
1	Green 02	AD	F	Bre	up	Neg	Neg	Neg	N						
2	Green 03								N						
3	Green 04								N						
4	Green 06								N						
5	Green 11								N						
6	Reel 01								Pos	2+10					
7	Reel 02								Neg	N					
8	Reel 04								Pos	N					
9	Reel 05								Neg	N					
10	Reel 11								Neg	N					

Card, BADA, CF  
 FPA

No. Samples  
 No. Seropositive  
 No. Suspect  
 No. Seronegative  
 No. Undetermined  
 Comments  
 TESTED BY

22 22 22 22  
 2 3 6 3  
 - - 2 2  
 20 19 14 17  
 - - - -  
 Card BADA  
 d/o 1/24/17 d/o 1/31/17 1/27/17

\* Connection  
 \* Tube #10 (Reel 11)  
 FPA Suspect

FPA mP values  
 FPA = -0.5 mP  
 FPA = 3.0 mP  
 FPA = 7.0 mP  
 FPA = 0.0 mP  
 FPA = 6.0 mP  
 FPA = 24.2 mP  
 FPA = 3.6 mP  
 FPA = 34.6 mP  
 FPA = 3.5 mP  
 FPA = 13.6 mP - (SUSPECT) - (Tube No. 10)  
 Test interpretation:  
 \* If mP values between 10-20 → SUSPECT  
 \* If mP values greater than 20 → POSITIVE

Released  
 001916  
 1/31/17





DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
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**COMPLETE SHADED AREAS ONLY**

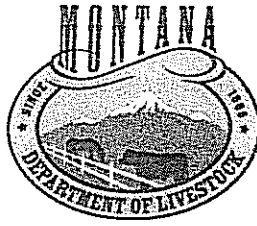
OWNER USDA ADAMS OS Connection  
SUBMITTED BY E. Clarke  
DATE 1/12/17 PAGE 2 OF 2

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS - 8 SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Concl	Bruc	Br-U	Br-L	IBR	BVD	BLV	FPA mP values	
11	Real 14	AD	F	Bosn	N/A	Pos	Neg	Pos	3+20				FPA = 22.8 mP	
12	Real 19					Pos	Pos	Pos	N				FPA = 149.7 mP	
13	Real 27					Neg	Pos	Pos	3+20				FPA = 135.9 mP	
14	Real 28					Neg	Pos	Pos	2+40				FPA = 116.1 mP	
15	Real 29					Neg	Neg	Susp	2+10				FPA = 16.2 mP (SUSPECT)	
16	Real 31					Neg	Neg	Neg	N				FPA = 5.4 mP	
17	56r03	1	M			Neg	Neg	Neg	N				FPA = 8.7 mP	
	<del>56r04</del>													
	<del>56r11</del>													
18	57r02	1	F			Neg	Neg	Neg	N				FPA = 0.7 mP	
	<del>57r14</del>													
19	66r02	calb	F			Neg	Neg	Neg	N				FPA = 1.5 mP	
20	66r04		F			Neg	Neg	Neg	N				FPA = -1.1 mP	
21	66r17		M			Neg	Neg	Neg	N				FPA = -0.3 mP	
22	66r02		M			Neg	Neg	Neg	N				FPA = 3.2 mP	

17-1081-

STATE OF MONTANA

DEPARTMENT OF LIVESTOCK  
DIAGNOSTIC LABORATORY  
PO BOX 997  
BOZEMAN, MONTANA 59771



PHONE 406-994-4885  
FAX 406-994-6344  
E-MAIL [livdiagnosticlab@mt.gov](mailto:livdiagnosticlab@mt.gov)

DATE: 01-31-2017

TO: USDA / APHIS  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

FROM: Antonio Fuentes  
Serology

COMMENT: 17-10790

Previous report sent by e-mail had  
an error on FPA results  
See corrections

Have a good day,  


Total number of pages including this cover sheet: 4

DATE BLED: 1/11/17

REASON FOR TEST

☒ DIAGNOSTIC

☐ REGULATORY

☐ QUARANTINE/IMPORTS

# STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

## SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

DATE RECEIVED: 01-12-17

SPECIES: Bison

COUNTY: Park

PAGE 1 OF PAGES 3

OWNER: USDA APHIS VS, Gonzalez

ADDRESS: Colwin Spring MT ZIP

SUBMITTED BY: P. Ryan

ADDRESS: (b) (6)

DESTINATION / QUARANTINE NO. / REMARKS: BOPS - Gonzalez - Colwin Spring

If required, phone/FAX results to: R. Frey, R. Cole, J. Rhyan

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.							BRU	BT	ANA	PTB	IBP	BVD	BLV	LEPTOSPIROSIS	8 SEROVAR	OTHER	
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Canal	Ben	Ben	Ben	CF							
1	Green 01	AD	F	Bison	4/1	Neg	Neg	Neg	N	(1/12)					FPA mP values		
2	Green 07								N						FPA = 2.4 mP		
3	Green 13								N						FPA = 9.6 mP		
4	Green 21								N						FPA = 0.9 mP		
5	Green 24								N						FPA = 8.3 mP		
6	Green 25								N						FPA = 9.6 mP		
7	Red 32					Pos	Pos	Pos	3+160						FPA = 196.4 mP		
8	Red 34					Neg	Pos	Pos	1+40						FPA = 35.1 mP		
9	Red 36					Neg	Pos	Pos	1+40						FPA = 73.4 mP		
10	Red 38					Pos	Pos	Pos	4+80						FPA = 150.3		
						Neg	Neg	Neg	N	(-3.7 mP)					FPA test interpretation:		
						34	34	34	34						* If mP values between 10-20 → SUSPECT		
						13	19	20	14						* If mP values greater than 20 → POSITIVE		
						-	-	-	3						Corrected FPA 19 Seropositive		
						21	15	14	17						FPA 15 Seronegative		
						-	-	-	-								
						Cond	Ben	Ben	Ben								
						1/18/17	1/24/17	1/27/17	1/27/17								

Bayer Canal FPA x CF

No. Samples  
No. Seropositive  
No. Suspect  
No. Seronegative  
No. Undetermined  
Comments  
TESTED BY

Released 1/31/17



17-10790  
01/12/17

GC #2

## STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
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## CONTINUATION SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

OWNER	USDA APHIS, Gonacon
SUBMITTED BY	R. Clarke
DATE	1/11/17
PAGE	2 OF 3

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS	SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.										
11	Reel 39	AD	F	BOS	N/A	Pos	Pos	Pos	3+40						
12	Reel 41					Neg	Pos	Pos	N						
13	Reel 42					Neg	Pos	Pos	3+20						
14	Reel 43					Pos	Pos	Pos	3+40						
15	Reel 44					Pos	Pos	Pos	3+10						
16	Reel 45					Pos	Pos	Pos	2+40						
17	Reel 46					Neg	Neg	Pos	3+80						
18	Reel 47					Pos	Pos	Pos	3+10						
19	Reel 48					Pos	Pos	Pos	3+80						
20	Reel 49					Pos	Pos	Pos	2+20						
21	Reel 51					Pos	Pos	Pos	N						
22	Reel 53					Neg	Pos	Pos	3+40						
23	Reel 54					Pos	Pos	Pos	3+10						
24	Reel 55					Pos	Pos	Pos	3+40						
25	Reel 56					Pos	Pos	Pos	2+80						
26	6 R 53	CalF				Neg	Neg	Neg	N						
27	6 R 13					Neg	Neg	Neg	N						
28	6 R 01					Neg	Neg	Neg	N						
29	6 R 25					Neg	Neg	Neg	N						
30	6 R 34					Neg	Neg	Neg	N						

GC #2

CASE # 17-10790



DATE BLED: 6/9/15	
REASON FOR TEST	
X	DIAGNOSTIC
	REGULATORY
	QUARANTINE / IMPORTS

**STATE OF MONTANA**  
**DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION**  
 BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

**SEROLOGY REPORT**  
**COMPLETE SHADED AREAS ONLY**

DATE RECEIVED: 6-9-15	
SPECIES: Bison	
COUNTY: Park	
PAGE: 1	OF PAGES: 2

OWNER: Bison Quarantine Facility - Gonacon
ADDRESS: Higher
Colom Springs
ZIP

SUBMITTED BY: Becky Frey
ADDRESS: PO Box 165
Emigron
MT ZIP 59027

DESTINATION / QUARANTINE NO. / REMARKS: - Bison Funds - Dr. Zakuski Brucella

If required, phone/FAX results to:

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						LEPTOSPIROSIS - 8 SEROVARS						OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	BRU	BT	ANA	PTB	IBR	BVD	BLV
1	Red 01	AD	F	Bison		Finax	Bruc	Bruc	Bruc	Bruc	FPA	mt values
2	Red 04					Reactor	Neg	Neg	2+ (1:10)	Pos	47.6 mP	
3	Red 05					Neg	Neg	Neg	Neg	Neg	-2.3 mP	
4	Red 11					Neg	Neg	Neg	Neg	Neg	8.9 mP	
5	Red 19					Reactor	Pos	Pos	Neg	Pos	181.9 mP	
6	Red 27					Reactor	Pos	Pos	Neg	Pos	159.3 mP	
7	Red 28					Reactor	Pos	Pos	3+ (1:10)	Pos	119.6 mP	
8	Red 29					Reactor	Pos	Neg	Neg	Pos	24.9 mP	
9	Red 31					Neg	Neg	Neg	Neg	Neg	-0.6 mP	
10	3603	2Y	F			Neg	Neg	Neg	Neg	Neg	0.9 mP	
No. Samples						15	15	15	15	15		
No. Seropositive						5						
No. Suspect						1						
No. Seronegative						9						
No. Undetermined						—						
Comments												
TESTED BY												

ee attached documentation from lab  
 Please do FPA, CF, BAPA & Card.

email: Patrick Rym Clarke  
 & Rebecca Frey  
 Released 6-19-15

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION  
BOX 997 — BOZEMAN, MT 59771 — PHONE (406) 994-4885 — FAX (406) 994-6344

**COMPLETE SHADED AREAS ONLY**

OWNER	Bison Acquisition - Gonaheim
SUBMITTED BY	R. Frey
DATE	6/9/15
PAGE	2 OF 2

[illegible]

## Fuentes, Antonio

---

**From:** Frank Houle (b) (6) @gmail.com>  
**Sent:** Thursday, June 18, 2015 11:31 AM  
**To:** Fuentes, Antonio  
**Subject:** Re: Final bru classif.

On 6/18/2015 10:50 AM, Fuentes, Antonio wrote:

Greetings Dr. Houle,

Hope you are enjoying this nice weather.

Would you be able to give us a final classification for two GonaCon Study bison charts.  
Thanks.

Have a good day,  
Antonio

Hi Antonio: Gona Con Study Dr. Ryan Clarke Case#8-439-15. The following are classified as reactors based on positive serological reactions.  
Tubes#s 2 R45,#3 R39,#4 R47,#6 R54,#7 R48, #12 R38,,#15 R53, #17R42,#17 R42,#18 R41,#19 R56,#20 R34,#25 R44, #26 R36, #27, R55, #28 R43, #29 R49,#30 R46, &#31 R51  
Tubes#s 13 Gr 19 & #14 GR 29 are classified as suspects.

Case#8-455-15, Tubes#s 2 R04, #5 R19, #6 R27, #7 R28, #8 R29 are classified as reactors. Tube# 1 R01 is classified as a suspect.

Regards Frank



# MVDL

## MONTANA VETERINARY DIAGNOSTIC LABORATORY

PO Box 997 Bozeman, MT 59771  
1911 West Lincoln Street Bozeman, MT 59718  
Website: www.liv.mt.gov/lab

Phone: (406) 994-4885  
Fax: (406) 994-6344  
Email: livdiagnosticlab@mt.gov

Accession #: 8-397-15

Owner: USDA/APHIS/VS

Species: WILD - BISON

Breed: BISON

Name/No. 5G07

Age: NEWB(Sex:

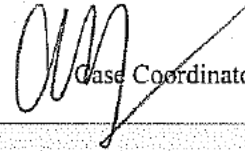
Date Sent: 05/13/2015

Date Received: 05/04/2015

Submitter: PATRICK RYAN CLARKE D.V.M.

(b) (6)

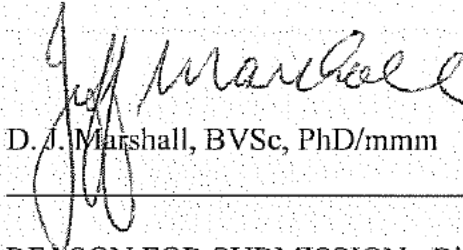
### Final Report

  
Case Coordinator: JM

### CASE SUMMARY

CORRECTED REPORT 5/13/15:

BACTERIOLOGY: I commented that tissues from this calf tested positive for Brucella when in fact the bacteriology report stated otherwise. The bacteriology report is correct. Brucella was not isolated from this bison calf.

  
D. J. Marshall, BVSc, PhD/mmm

REASON FOR SUBMISSION: Bison calf abortion

#### LABORATORY DIAGNOSIS:

Bison calf abortion; Brucella abortus

COMMENT: Brucella cultures for this case were inconclusive due to Proteus overgrowth.

D. J. Marshall, BVSc, PhD\cto

Date In: 05/04/2015

### PATHOLOGY

Date Out: 05/11/2015

Released by: JM

GROSS PATHOLOGY: A bison calf (ID 5G07) was submitted for necropsy. Necropsy is performed at 10.30 am 4th May 2015. Calf is autolyzed and predated. Male calf had a crown rump length measurement of 91 cm. Abdominal organs are missing. Brain was not examined.

HISTOPATHOLOGY: Sections of brain, lung, skeletal muscle and thymus. Tissues are moderately autolyzed. Lung is not aerated and alveoli and airways contain quantities of meconium and squamous epithelial debris.

#### MORPHOLOGIC DIAGNOSIS:

Lung: Non-aeration; Intra-alveolar meconium and squamous epithelial debris and meconium

Date In: 05/04/2015

### BACTERIOLOGY

Date Out: 05/11/2015

Released by: mh

MVDL Accession #:  
8-397-15

Submitter:  
PATRICK RYAN CLARKE D.V.M.

Owner:  
USDA/APHIS/VS

Date In: 05/04/2015

Date Out: 05/11/2015 Released by: mh

Brucella culture results inconclusive due to Proteus overgrowth.

**CULTURES**

<u>ID/Site</u>	<u>Specimen</u>	<u>Culture Type</u>	<u>Isolate</u>	<u>Growth</u>	<u>Antimicrobial Profile</u>
	fetal lung	Campylobacter	Negative for Campylobacter sp.		NA
	fetal lung	Aerobic	A mixed culture of non-pathogenic bacteria	3+	NA
	fetal lung	Brucella	Proteus overgrowth		NA

1+ to 4+ = rare colony to confluent growth

P = pure culture, M = mixed or partially contaminated culture



MVDL Accession #:  
8-397-15

Submitter:  
PATRICK RYAN CLARKE D.V.M.

Owner:  
USDA/APHIS/VS

## Fees

Bacteriology Fee	\$ 45.00
Pathology/Histology Fee	\$ 35.75
Accession Total Fee	<u>\$ 80.75</u>

(This is not a bill. Do not make payment from this report.)



# MVDL

## MONTANA VETERINARY DIAGNOSTIC LABORATORY

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1911 West Lincoln Street Bozeman, MT 59718  
Website: [www.liv.mt.gov/lab](http://www.liv.mt.gov/lab)

Phone: (406) 994-4885  
Fax: (406) 994-6344  
Email: [livdiagnosticlab@mt.gov](mailto:livdiagnosticlab@mt.gov)

Accession # 8-396-15

Owner: USDA/APHIS/VS

Species: WILD - BISON

Breed: BISON

Name/No. 5R09

Age: NEWB(Sex:

Date Sent: 05/15/2015

Date Received: 05/04/2015

Submitter: PATRICK RYAN CLARKE D.V.M.

(b) (6)

### Final Report

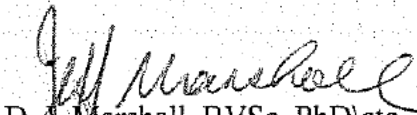
Case Coordinator: JM

### CASE SUMMARY

5/15/15

#### ADDITIONAL INFORMATION:

**BACTERIOLOGY:** The Brucella isolate was confirmed as Brucella abortus by identification testing at NVSL (see attached report).

  
D. J. Marshall, BVSc, PhD\cto

#### ADDITIONAL INFORMATION 5/13/15:

**BACTERIOLOGY:** Brucella sp was isolated from this calf. The isolate has been forwarded to NVSL for further identification procedures. Results will be forwarded as soon as available.

D. J. Marshall, BVSc, PhD\mmm

5/11/15

**REASON FOR SUBMISSION:** Bison calf abortion

#### LABORATORY DIAGNOSIS:

Bison calf abortion

**COMMENT:** Results of bacteriological investigations will be reported as soon as complete.

D. J. Marshall, BVSc, PhD\cto

Date In 05/04/2015

**PATHOLOGY**

Date Out: 05/11/2015

Released by: JM

**GROSS PATHOLOGY:** A bison calf (ID 5R09) was submitted for necropsy. Necropsy is performed at 11 am 4th May 2015. Calf is autolyzed and predated. Sex could not be determined. Crown rump length measured 76 cm. Only a small portion of brain, lung and skeletal muscle was available for examination. Brain was severely autolyzed and not sampled.

**HISTOPATHOLOGY:** Sections of lung and skeletal muscle are examined. Lung is severely autolyzed and not useful for diagnostic purposes. No significant abnormality is detected in skeletal muscle.

**MORPHOLOGIC DIAGNOSIS:**

Lung: Autolysis

Date In 05/04/2015

**BACTERIOLOGY**

Date Out: 05/15/2015

Released by: mh

Isolate to be sent to NVSL for full identification 5/12/15.

**CULTURES**

<u>ID/Site</u>	<u>Specimen</u>	<u>Culture Type</u>	<u>Isolate</u>	<u>Growth</u>	<u>Antimicrobial Profile</u>
	fetal lung	Campylobacter	Negative for Campylobacter sp.		NA
	fetal lung	Aerobic	A mixed culture of non-pathogenic bacteria	2+	NA
	fetal lung	Brucella	Brucella abortus	3+ M	NA

1+ to 4+ = rare colony to confluent growth

1 = pure culture, M = mixed or partially contaminated culture

Date In: 05/11/2015

**REFERRAL/OTHER**

Date Out: 05/15/2015

Released by: JM

<u>Animal ID</u>	<u>Specimen</u>	<u>Test</u>	<u>Result</u>	<u>Rfrrl Inst.</u>
5R09	Slant Tube	Brucella Culture	See attached report	NVSL

Please see attached report for complete results.



# National Veterinary Services Laboratories

PO Box 844

Ames, Iowa 50010

Phone: 515-337-7514 Fax: 515-337-7938

FEDERAL RELAY SERVICE (Voice/TTY/ASCII/Spanish) 1-800-877-8339

The USDA is an equal opportunity provider and employer.

FINAL REPORT

## Laboratory Test Report

Sensitive But Unclassified/Sensitive Security Information - Disseminate on a Need-To-Know Basis Only

### Owner

USDA, APHIS, VS

Corwin Springs, MT

### Animal Location

Park County MT

### Submitter - 2047

MT Department of Livestock

Diagnostic Laboratory Division

1911 W Lincoln St

PO Box 997

Bozeman, MT 59718

FAX #: 406-994-6344

Phone #: 406-994-4885

### Accession Number:

15-015494

### Date Collected:

05/02/2015

### Date Received:

05/13/2015

### Date Completed:

05/15/2015

### Collected By:

Dr. Patrick Ryan Clarke

### Purpose:

General Diagnostic

### Referral Number:

8-396-15

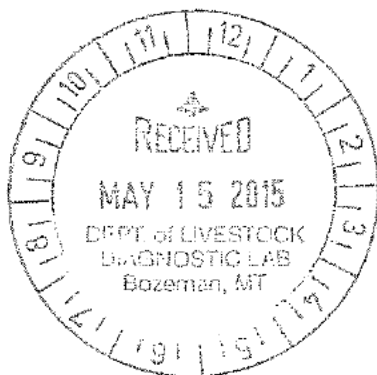
This is not a billable case.

**NOTE: Condition of the sample(s) was adequate unless otherwise noted.**

Sample: 8-396-15 Animal ID: 5R09 Brucella Case Number: B15-0160 Specimen Type: Culture Species: Bison

Brucella Final Identification

Brucella abortus



Results authorized by:

(b)(3)

Scanned 5-15-15



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**Help Us Help You**

(This new section will be updated periodically with tips for submitters.)

Quality samples yield the most accurate results. Please call if you have questions.

## Fees

Bacteriology Fee	\$ 0.00
Pathology/Histology Fee	\$ 73.50
Referral Fee	\$ 19.10
Accession Total Fee	\$ 92.60

(This is not a bill. Do not make payment from this report.)



CERTIFICATE OF VETERINARY INSPECTION

TO ACCOMPANY SHIPMENT

CONSIGNOR NAME AND ADDRESS <b>APHIS, VS, GonaCon</b> <b>Corwin Springs, MT</b>		CONSIGNEE NAME AND ADDRESS <b>APHIS, VS, NWRC</b> <b>4101 LaPorte Ave</b>		PERMIT NO.	DATE ISSUED <b>20 AUG 14</b>
ORIGIN ADDRESS (IF DIFFERENT THAN ABOVE)		DESTINATION ADDRESS (IF DIFFERENT THAN ABOVE) <b>Ft Collins, Co. 80521</b>		BRAND INSP. NO.	DATE INSPD. <b>20 AUG 14</b>
PURPOSE OF MOVEMENT: <input type="checkbox"/> BREEDING <input type="checkbox"/> SLAUGHTER <input type="checkbox"/> FEEDING <input checked="" type="checkbox"/> EXHIBITION, ETC. <b>Research</b>		AREA OF ORIGIN STATUS: <input type="checkbox"/> TB MODIFIED ACCREDIT <input type="checkbox"/> TB FREE <input type="checkbox"/> BRUCELLOSIS FREE <input type="checkbox"/> PRV STAGE V <input checked="" type="checkbox"/> OTHER: <b>DSA</b>		REPLICA CERTIFICATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
SPECIES: <input type="checkbox"/> CATTLE <input type="checkbox"/> HORSES <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> POULTRY <input checked="" type="checkbox"/> OTHER: <b>Bison</b>		CARRIER: <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> OTHER:		VACCINATION OR TREATMENT FOR (EXCEPT BRUCELLOSIS) PRODUCT: DATE:	
ORIGIN OF SHIPMENT: A) County: <b>Park</b> B) Market:		NAME & ADDRESS: <b>APHIS VS</b> <b>4101 LaPorte Ave</b> <b>Ft. Collins, CO 80521</b>		RECORD NEGATIVE TEST RESULTS LAB:	

EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	LINE NO.	REGISTRATION NAME AND NUMBER OR DESCRIPTION	VACCINATION TATTOO SYMBOL OR DATE	AGE	SEX	BREED	Disease: Type of Test: DATE	Disease: Type of Test: DATE
<b>81 AJW 3760</b>	1	<b>Red 65</b>	<b>N/A</b>	<b>1y</b>	<b>M</b>	<b>Bison</b>		
<b>81 AJW 3757</b>	2	<b>Red 69</b>		<b>2y</b>				
<b>81 AJW 3774</b>	3	<b>Red 61</b>		<b>1y</b>				
<b>YNP 930781</b>	4	<b>Red 63</b>		<b>2y</b>				
<b>YNP 930786</b>	5	<b>Red 66</b>		<b>2y</b>				
<b>YNP 930797</b>	6	<b>Red 59</b>		<b>2y</b>				
<b>YNP 930798</b>	7	<b>Red 62</b>		<b>2y</b>				
	8							
	9							
	10							
	11							
	12							
	13							
	14							
	15							
	16							

VETERINARY CERTIFICATION:

I certify as an Accredited Veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, or communicable disease (except as noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge the animals shown on this certificate meet State of Destination and Federal Interstate requirements. No warranty is made or implied.

Date: **20 AUG 14** Accredited Veterinarian Signature: **Phy Clarke**

Printed Last Name: **CLARKE** License #: **1081**

Address: **(b) (6)** No. **406-539-6899**

OWNER/AGENT STATEMENT (where applicable)

"The animals in this shipment are those certified to and listed on this certificate."

Signature of Owner/Agent: **(b) (6)**

Address: **(b) (6)**

Date: **20 AUG 14**







## Necropsy 421

Thursday, April 23, 2015

Bison, Female, 3 yr

Animal found dead in second pen from the western side of inner facility at APHI/APHIS WRF. This animal was transported to Fort Collins in January, 2015 from the Bison Quarantine Facility in Corwin Springs, MT. This was an excess animal from a Gonacon study. This animal is *Brucella* seropositive.

Animal was in fair body condition.

On necropsy, tissues were noted to have marked autolysis. All tissues were dark and friable. Extensive green discoloration of tissue surfaces noted.

Copious unclotted blood in thoracic cavity and abdominal cavity

GI tract: very loose stool.

Lungs: Green surface. Floated in formalin.

Heart: Enlarged, flabby

Head: not observed. Submitted to Colorado State University for diagnostics

Collected: prescapular Inn, popliteal In, lung, spleen, liver, kidney, ruminal Inn, iliac Inn, mesenteric Inn, colon with feces, ileum, ileoceccolic Inn, heart.

Submitted: head for rabies FA, lung/prescapular Inn for OHV-2 and CHV-1 PCR; blood for *Bacillus anthracis* PCR.

Colorado State University results:

Multifocal, acute, mild ulcerative stomatitis with cheek papillary necrosis

Rabies FA negative

OHV-2 positive on lung/In/cheek lesion pool

CHV-1 PCR negative

*Bacillus anthracis* negative on blood and ear notch/lung pool

Necropsy 3G02

Sunday, April 19, 2015

Bison, Male, 2 yr

Animal found dead in western most pen of inner facility at APHI/APHIS WRF. This animal was transported to Fort Collins in January, 2014 from the Bison Quarantine Facility in Corwin Springs, MT. This was an excess animal from a Gonacon study.

Animal was lying partially under the panels on the southwest aspect of the paddock. Animal presented laterally recumbent on the right side. Extensive hair loss was noted on the left side. Exposed skin was dry and leathery. Animal was in fair to poor body condition.

On necropsy, tissues were noted to have mild autolysis.

GI tract: WNL

Lungs: WNL

Heart: WNL

Head: Marked enlargement of medial retropharyngeal lymph nodes, parotid lymph nodes, submandibular lymph nodes. Numerous caseous abscesses found in lymph nodes as well as in subcutaneous tissues of lateral aspects of the head.

Collected medial retropharyngeal Inn, submandibular Inn, parotid Inn, prescapular Inn, iliac Inn, lung, spleen, liver, mesenteric Inn, heart.

Submitted: submandibular lymph node for aerobic and anaerobic culture, head for rabies FA, lung for OHV-2 and CHV-1 PCR.

Colorado State University results:

Rabies FA negative

OHV-2 and CHV-2 PCR negative

Culture:

Bacillus species

Light growth

E. coli

Light growth

No Anaerobes Isolated

Final 04/27/2015

Acinetobacter species

Moderate growth

Bacillus species

Moderate growth

Pasteurella pneumotropica

Moderate growth Final 4/27/15 Proteus mirabilis

Light growth

## Laboratory Report

### Version 7

*This report supersedes all  
previous reports for this case*

**Case #:** F1530903  
**Referral #:** 3G02  
**Date Collected:** 04/19/2015  
**Date Received:** 04/20/2015  
**Case Coordinator:** Dr. Terry Spraker  
**Owner:** None Provided

**Email To:** [jack.c.Rhyan@APHIS.usda.gov](mailto:jack.c.Rhyan@APHIS.usda.gov)  
NWRC/Vet Services  
Dr. Jack Rhyan  
4101 Laporte Ave.  
Fort Collins, CO 80521

**Report of:**  
Dr. Terry Spraker  
sent by Denise Bolte  
on 4/27/2015 2:12:04PM

#### Case Contacts

Bill To	NWRC/National Wildlife Research Center	970-266-6140	JACK.C.RHYAN@APHIS.USDA.GOV
Submitter	Rhyan, Jack	970-266-6140	jack.c.Rhyan@APHIS.usda.gov

#### Specimen Details

ID	Taxonomy	Sex	Age
3G02	American Bison	Male	2.0 Years

**Owner:** None Provided

**Specimens Received:** Abscess Material, Jaw; Body; Brain Tissue; L Node; Lung Tissue;

#### Laboratory Findings/Diagnosis

Gross finding

Head0Bison

1. Multiple abscesses on lower jaw and adjacent lymph nodes

Histopathology

1. Skin/lymph nodes, multiple abscesses with intralesional bacteria

#### Case Summary

The primary lesions found in the head of this bison were multiple abscesses on lower jaw and adjacent lymph nodes with intralesional bacteria. Evidence of MCF was not found and test for rabies were negative.

#### Bacteriology

##### Aerobic & Anaerobic Culture - Food Animal

Animal/Source	Specimen	Specimen Type	Result Date	Results
3G02	4	L Node	22-Apr-2015	Bacillus species Light growth E. coli Light growth No Anaerobes Isolated Final 04/27/2015 Proteus mirabilis Light growth

Owner: None Provided

**Aerobic Culture Food Animal**

Animal/Source	Specimen	Specimen Type	Result Date	Results
3G02	F1530903-01.0005	Abscess Material, Jaw	23-Apr-2015	Acinetobacter species Moderate growth Bacillus species Moderate growth Pasteurella pneumotropica Moderate growth Final 4/27/15

**Virology****Rabies FA**

Animal/Source	Specimen	Specimen Type	Result Date	Results
3G02	1	Brain Tissue	21-Apr-2015	Negative

**Molecular Diagnostics****Caprine Herpesvirus (CapHV-1) - PCR**

Animal/Source	Specimen	Specimen Type	Result Date	Results
3G02	2	Lung Tissue	23-Apr-2015	Negative

**Ovine Herpesvirus 2 (OHV-2 MCF) - PCR**

Animal/Source	Specimen	Specimen Type	Result Date	Results
3G02	2	Lung Tissue	23-Apr-2015	Negative

End of Report



Necropsy 3G02

Sunday, April 19, 2015

Bison, Male, 2 yr

Animal found dead in western most pen of inner facility at APHI/APHIS WRF. This animal was transported to Fort Collins in January, 2014 from the Bison Quarantine Facility in Corwin Springs, MT. This was an excess animal from a Gonacon study.

Animal was lying partially under the panels on the southwest aspect of the paddock. Animal presented laterally recumbent on the right side. Extensive hair loss was noted on the left side. Exposed skin was dry and leathery. Animal was in fair to poor body condition.

On necropsy, tissues were noted to have mild autolysis.

GI tract: WNL

Lungs: WNL

Heart: WNL

Head: Marked enlargement of medial retropharyngeal lymph nodes, parotid lymph nodes, submandibular lymph nodes. Numerous caseous abscesses found in lymph nodes as well as in subcutaneous tissues of lateral aspects of the head.

Collected medial retropharyngeal Inn, submandibular Inn, parotid Inn, prescapular Inn, iliac Inn, lung, spleen, liver, mesenteric Inn, heart.

Submitted: submandibular lymph node for aerobic and anaerobic culture, head for rabies FA, lung for OHV-2 and CHV-1 PCR.

Colorado State University results:

Rabies FA negative

OHV-2 and CHV-2 PCR negative

Culture:

Bacillus species

Light growth

E. coli

Light growth

No Anaerobes Isolated

Final 04/27/2015

Acinetobacter species

Moderate growth

Bacillus species

Moderate growth

Pasteurella pneumotropica

Moderate growth Final 4/27/15 Proteus mirabilis

Light growth

Necropsy 3G02

Sunday, April 19, 2015

Bison, Male, 2 yr

Animal found dead in western most pen of inner facility at APHI/APHIS WRF. This animal was transported to Fort Collins in January, 2014 from the Bison Quarantine Facility in Corwin Springs, MT. This was an excess animal from a Gonacon study.

Animal was lying partially under the panels on the southwest aspect of the paddock. Animal presented laterally recumbent on the right side. Extensive hair loss was noted on the left side. Exposed skin was dry and leathery. Animal was in fair to poor body condition.

On necropsy, tissues were noted to have mild autolysis.

GI tract: WNL

Lungs: WNL

Heart: WNL

Head: Marked enlargement of medial retropharyngeal lymph nodes, parotid lymph nodes, submandibular lymph nodes. Numerous caseous abscesses found in lymph nodes as well as in subcutaneous tissues of lateral aspects of the head.

Collected medial retropharyngeal Inn, submandibular Inn, parotid Inn, prescapular Inn, iliac Inn, lung, spleen, liver, mesenteric Inn, heart.

Submitted: submandibular lymph node for aerobic and anaerobic culture, head for rabies FA, lung for OHV-2 and CHV-1 PCR.

Colorado State University results:

Rabies FA negative

OHV-2 and CHV-2 PCR negative

Culture:

Bacillus species

Light growth

E. coli

Light growth

No Anaerobes Isolated

Final 04/27/2015

Acinetobacter species

Moderate growth

Bacillus species

Moderate growth

Pasteurella pneumotropica

Moderate growth Final 4/27/15 Proteus mirabilis

Light growth

Necropsy Bison June 10, 2015

Bison R65

Male, 2yr old

Animal care staff noticed this bison standing by himself, not eating well. Smaller than same age counterparts. Thin body condition. Draining abscess on left flank.

Euthanized by gunshot

Draining abscess on left flank communicating with abdomen. Purulent material in muscle layers.

Abdomen: Numerous multifocal abscesses throughout abdominal cavity.

Thorax: Gore wound communicating to thorax (cannot recall which side).

Dx: Peritonitis-chronic. Pneumothorax-acute

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL VETERINARY SERVICES LABORATORIES  
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010  
(515) 337-7514

## SPECIMEN SUBMISSION

PAGE

1 OF 2

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (including Business Name) Jack Rhyan		2. NVSL SUBMITTER ID	3. NAME OF OWNER USDA APHIS VS <input type="checkbox"/> Check if wildlife (no owner)
EMAIL ADDRESS jack.c.rhyan@aphis.usda.gov		OWNER CITY Fort Collins	STATE/COUNTRY CO
PHONE NO. 970-266-6140 FAX NO. 970-266-6175		4. LOCATION OF ANIMALS	
MAILING ADDRESS (Street, City, State, ZIP Code) 4101 Laporte Ave Fort Collins, CO 80521		PREMISES ID USDA Quarantine facility	
		COUNTY Park	STATE/COUNTRY MT

5. PAYMENT METHOD		
<input type="checkbox"/> USER FEE ACCOUNT NO.	<input type="checkbox"/> CHECK/MONEY ORDER (Enclosed, payable to USDA in US dollars)	<input type="checkbox"/> CREDIT CARD Number: Exp. Date:

6. HERD/FLOCK SIZE 39	9. EXAMINATIONS REQUESTED Brucella Culture for blood and vaginal swabs	10. COLLECTED BY Rhyan
7. NO. IN HERD/FLOCK AFFECTED		11. DATE COLLECTED 1/9/2013
8. NO. IN HERD/FLOCK DEAD		12. AUTHORIZED BY
13. PURPOSE OF SUBMISSION (See instructions for definitions) <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Import <input type="checkbox"/> TB <input type="checkbox"/> Reagent Evaluation <input type="checkbox"/> Export <input type="checkbox"/> FAD/EP Diagnostic <input type="checkbox"/> General Diagnostic <input type="checkbox"/> NVSL Intralab <input type="checkbox"/> Pre-Import <input type="checkbox"/> Surveillance <input checked="" type="checkbox"/> Developmental Research		14. COUNTRY OF ORIGIN/DESTINATION
		15. REFERRAL NUMBER

16. PRESERVATION <input type="checkbox"/> None <input type="checkbox"/> Ice Pack <input checked="" type="checkbox"/> Dry Ice <input type="checkbox"/> Formalin <input type="checkbox"/> Borax <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (Specify)		18. TOTAL NUMBER OF SPECIMENS SUBMITTED 78
17. SPECIMENS SUBMITTED ("X" applicable item(s)) <input checked="" type="checkbox"/> Blood <input type="checkbox"/> Feces <input type="checkbox"/> Parasite <input type="checkbox"/> Serum <input type="checkbox"/> Tissue (specify) <input type="checkbox"/> Whole Animal <input type="checkbox"/> Other (specify) <input type="checkbox"/> Culture <input type="checkbox"/> Feed <input type="checkbox"/> Plant <input type="checkbox"/> Soil <input type="checkbox"/> Urine <input type="checkbox"/> Fetus <input type="checkbox"/> DNA/RNA <input type="checkbox"/> Extract <input type="checkbox"/> Milk <input type="checkbox"/> Semen <input checked="" type="checkbox"/> Swab (specify) <input type="checkbox"/> Water vaginal swabs		
19. SPECIES OR SOURCE ("X" ONLY one) <input type="checkbox"/> Cattle <input type="checkbox"/> Goat <input type="checkbox"/> Chicken <input checked="" type="checkbox"/> Bison <input type="checkbox"/> Fish <input type="checkbox"/> Other (specify) <input type="checkbox"/> Swine <input type="checkbox"/> Horse <input type="checkbox"/> Turkey <input type="checkbox"/> Deer (specify) <input type="checkbox"/> Environment <input type="checkbox"/> Sheep <input type="checkbox"/> Donkey <input type="checkbox"/> Other bird (specify) <input type="checkbox"/> Elk <input type="checkbox"/> Reagent		20. NUMBER OF ANIMALS SAMPLED 39

21. IDENTIFICATION: (See instructions <250 samples per form)					IDENTIFICATION				
Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
See attached sheet									

22. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary).

GnRH in brucella positive bison study.

23. SIGNATURE OF SUBMITTER AND DATE X				NVSL USE ONLY	
NVSL USE ONLY					
CONDITION	PRIORITY	DISTRIBUTION	RECEIVED BY		

Animal ID	Blood	Vaginal Swabs
-----------	-------	---------------

G02	y	WHO
G03	y	WHO
G04	y	WHO
G06	y	WHO
G08	y	water
G09	y	Water
G10	y	water
G14	y	water
G15	y	water
G17	y	WHO
R01	y	WHO
R02	y	WHO
R03	y	water
R04	y	WHO
R05	y	WHO
R06	y	water
R07	y	water
R08	y	water
R09	y	water
R11	y	WHO
R13	y	water
R14	y	WHO
R15	y	water
R16	y	water
R17	y	water
R18	y	water
R19	y	WHO
R20	y	WHO
R21	y	water
R22	y	water
R23	y	WHO
R24	y	WHO
R25	y	water
R26	y	WHO
R27	y	WHO
R28	y	WHO
R29	y	WHO
R30	y	water
R31	y	WHO



WiLDIT Pens Fort Collins, CO

Bison

Feces for Johnes testing

3.29.17

Animal ID	Age	Sex
AI1	3	M
130	5	M
4R07	3	M
4G02	3	M
4R16	3	F
4R24	3	F
4G17	3	F
4G06	3	M
4R03	3	M
3R21	4	F
4R21	3	F

## Study Protocol Renewal/Ammendment

Study Director: Jack Rhyan

Study Title: Evaluation of GonaCon™, an immunocontraceptive vaccine, as a means of decreasing shedding of *Brucella abortus* in bison

### 2. Action needed:

       Project Completed

       Project Never Initiated

  X   Project On-going/Active: renew as approved

       Project On-going/Active: renew with minor revisions

       Project Not Yet Initiated or is Inactive: renewal requested

Anticipated start date                     

### 3. Protocol Changes

In the upcoming year will you implement any changes to the animal component of the project that differ from those in the original (or subsequent) approval by the IACUC (e.g. changes to animal procedures, number of animals needed, or project objectives)?

Yes        No   X  

### 3. Animal Use and Procedure alternatives since the last IACUC approval

a. Have alternatives to the use of animals become available that could be substituted to achieve specific project aims? Yes        No   X  

b. Have alternatives that are potentially less painful or distressful to animals become available that could be used to achieve specific project aims? Yes        No   X  

If you answered yes to either question, please provide a description below or attach one.

N/A

**Animal usage (please complete the following box):**

<b>Enter one species in each box and report vertically</b>	Bison
<b>1. Number approved <u>FOR TOTAL PROJECT</u> on current approval notification <u>plus</u> any subsequent amendments</b>	104
<b>2. Number of animals used during first IACUC approval year</b>	93
<b>3. Number of animals used during second IACUC approval year (enter 0 if in future)</b>	75
<b>4. Number of animals used during third approval year</b>	75
<b>5. Number of animals used during fourth approval year</b>	
<b>6. Number of animals used during fifth approval year</b>	

Study Director \_\_\_\_\_ Date \_\_\_\_\_

Jack C. Rhyan

Concur

IACUC Chair \_\_\_\_\_ Date \_\_\_\_\_

P. R. Clarke

Date \_\_\_\_\_

Dan Tyers

Date \_\_\_\_\_

Dennis Tilton

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
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(515) 337-7514

## SPECIMEN SUBMISSION

PAGE  
OF

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (including Business Name)

2. NVSL SUBMITTER ID

3. NAME OF OWNER ☐ Check if wildlife (no owner)

Jack Rhyan

Jack Rhyan

EMAIL ADDRESS

jack.c.rhyan@aphis.usda.gov

OWNER CITY

Fort Collins

STATE/COUNTRY

CO/USA

PHONE NO. 9702666126

FAX NO. 9702666157

4. LOCATION OF ANIMALS

MAILING ADDRESS (Street, City, State, ZIP Code)

PREMISES ID

COUNTY

Larimer

STATE/COUNTRY

CO

4101 LaPorte Ave, Fort Collins, CO 80521

### 5. PAYMENT METHOD

☐ USER FEE ACCOUNT NO.

☐ CHECK/MONEY ORDER  
(Enclosed, payable to USDA in US dollars)

☐ CREDIT CARD  
Number:  
Exp. Date:

6. HERD/FLOCK SIZE

9. EXAMINATIONS REQUESTED

Serology: Brucella for Steve Hennager

7. NO. IN HERD/FLOCK  
AFFECTED

10. COLLECTED BY  
Jack Rhyan

11. DATE COLLECTED  
Various dates

8. NO. IN HERD/FLOCK  
DEAD

12. AUTHORIZED BY

13. PURPOSE OF SUBMISSION (See instructions for definitions)

☐ Interstate Movement ☐ Import ☐ TB ☐ Reagent Evaluation  
☐ Export ☐ FAD/EP Diagnostic ☐ General Diagnostic ☒ NVSL Intralab  
☐ Pre-Import ☐ Surveillance ☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION

15. REFERRAL NUMBER

16. PRESERVATION

☐ None ☐ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (Specify)

17. SPECIMENS SUBMITTED ("X" applicable item(s))

☐ Blood ☐ Feces ☐ Parasite ☒ Serum ☐ Tissue (specify) ☐ Whole Animal ☐ Other (specify)  
☐ Culture ☐ Feed ☐ Plant ☐ Soil ☐ Urine ☐ Fetus  
☐ Extract ☐ Milk ☐ Semen ☐ Swab (specify) ☐ Water ☐ DNA/RNA

18. TOTAL NUMBER OF  
SPECIMENS SUBMITTED

19. SPECIES OR SOURCE ("X" ONLY one)

☐ Cattle ☐ Goat ☐ Chicken ☒ Bison ☐ Fish ☐ Other (specify)  
☐ Swine ☐ Horse ☐ Turkey ☐ Deer (specify) ☐ Environment  
☐ Sheep ☐ Donkey ☐ Other bird (specify) ☐ Elk ☐ Reagent

20. NUMBER OF ANIMALS  
SAMPLED

8

### 21. IDENTIFICATION (See instructions <250 samples per form)

### IDENTIFICATION

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
	See attached								

22. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary).

23. SIGNATURE OF SUBMITTER AND DATE

X

NVSL USE ONLY

### NVSL USE ONLY

CONDITION PRIORITY DISTRIBUTION RECEIVED BY

## VS FORM 10-4 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

### 1. SUBMITTER CONTACT INFORMATION “REQUIRED”

Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

### 2. NVSL SUBMITTER ID

For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

### 3. OWNER INFORMATION “REQUIRED”

Enter the complete name of the animal owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian. For wildlife, check the box to indicate there is no owner.

### 4. LOCATION OF THE ANIMALS “REQUIRED”

Include National Animal Identification System (NAIS) premises ID if available. Also, specify the county, parish or other designated location of the animals and the two-letter State abbreviation.

### 5. PAYMENT METHOD “REQUIRED FOR BILLABLE CASES”

Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at [www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth%2Fsa\\_lab\\_information\\_services%2Fsa\\_diagnostic\\_tests%2Fct\\_diagnostic\\_tests](http://www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth%2Fsa_lab_information_services%2Fsa_diagnostic_tests%2Fct_diagnostic_tests), for specific test fees and a list of accepted credit cards.

**DO NOT SEND CASH.**

### 6. HERD/FLOCK SIZE

Enter the total number of animals in the herd/flock.

### 7. NO. IN HERD/FLOCK AFFECTED

Enter the total number of animals in direct contact with suspect animal or showing clinical signs.

### 8. NO. IN HERD/FLOCK DEAD

Enter the total number of animals from this herd/flock that are dead.

### 9. EXAMINATIONS REQUESTED “REQUIRED”

For disease programs, it is necessary only to enter the program name (e.g., CWD, Scrapie, or BSE). If the test is not for a disease program, specify the disease and the desired test.

### 10. COLLECTED BY

Enter the complete name of the person collecting the specimen(s).

### 11. DATE COLLECTED

Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

### 12. AUTHORIZED BY

Enter the name of the person authorizing the submission of this sample. Normally, this is the District Coordinator (DC) in your State. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. See

[www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth%2Fsa\\_map%2Fct\\_state\\_contacts\\_map](http://www.aphis.usda.gov/wps/portal/aphis/ourfocus/animalhealth%2Fsa_map%2Fct_state_contacts_map) to locate the DC in your local area.

If an exotic (foreign) disease is suspected, contact the DC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. DO NOT ship any such specimens until approval is received and a control number is assigned. The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

### 13. PURPOSE OF SUBMISSION “REQUIRED”

Definitions of Diagnostic Case Categories are as follows:

Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.

Export – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.

Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.

Import – Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center.

FAD/EP Diagnostic – Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, follow instructions in Block 12 for authorization to submit a FAD specimen.

Surveillance – Tests conducted for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.

TB – Tests conducted for diagnosing Tuberculosis.

General Diagnostic Case – Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition. Use this purpose when the purposes listed above do not apply.

Developmental/Research – Tests conducted for the purpose of supporting a developmental or research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.

Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.

NVSL Intralab – Tests conducted for another laboratory of the NVSL.

### 14. COUNTRY OF ORIGIN/DESTINATION

For import or pre-import cases, enter the country in which the animals last resided. For export cases, enter the country to which the animals will be shipped.

### 15. REFERRAL NUMBER

This number is typically assigned by the submitter and is used for the submitter's own reference. In FAD cases, enter the investigation control number described in the instructions for Block 12.

### 16. PRESERVATION

Check all blocks that apply.

### 17. SPECIMENS SUBMITTED “REQUIRED”

Check all blocks that apply.

### 18. TOTAL NUMBER OF SPECIMENS SUBMITTED

Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

### 19. SPECIES OR SOURCE “REQUIRED”

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

### 20. NUMBER OF ANIMALS SAMPLED

Enter the total number of animals sampled.

### 21. IDENTIFICATION “REQUIRED”

Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**

Animal ID – Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (or name). NOTE: Laboratory results will be reported by animal identification number.

Breed – Enter the animal breed (e.g., Holstein, Angus).

Age – Indicate the approximate age in years (y), months (m), weeks (w), or days (d).

Sex – Indicate the sex, male (M), or female (F), for each animal.

### 22. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (e.g., lymph nodes, obex, brain)
- Specify clinical signs (e.g., weight loss, hair missing)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities
- Include any information that did not fit into its designated space elsewhere on the form
- Include any special (non-standard) instructions for test report delivery

### 23. SIGNATURE OF SUBMITTER AND DATE

The individual submitting the specimen(s) must sign and date the form.



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL VETERINARY SERVICES LABORATORIES  
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010  
(515) 337-7514

## SPECIMEN SUBMISSION

PAGE  
OF

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (including Business Name)

Jack Rhyan

2. NVSL SUBMITTER ID

3. NAME OF OWNER

☐ Check if wildlife (no owner)

Jack Rhyan

EMAIL ADDRESS

jack.c.rhyan@aphis.usda.gov

OWNER CITY

Fort Collins

STATE/COUNTRY

CO/USA

PHONE NO. 9702666126

FAX NO. 9702666157

4. LOCATION OF ANIMALS

MAILING ADDRESS (Street, City, State, ZIP Code)

PREMISES ID

COUNTY

Larimer

STATE/COUNTRY

CO

4101 LaPorte Ave, Fort Collins, CO 80521

### 5. PAYMENT METHOD

☐ USER FEE ACCOUNT NO.

☐ CHECK/MONEY ORDER  
(Enclosed, payable to USDA in US dollars)

☐ CREDIT CARD  
Number:  
Exp. Date:

6. HERD/FLOCK SIZE

9. EXAMINATIONS REQUESTED

Serology: Brucella for Steve Hennager

7. NO. IN HERD/FLOCK  
AFFECTED

8. NO. IN HERD/FLOCK  
DEAD

10. COLLECTED BY

Jack Rhyan

11. DATE COLLECTED

Various dates

12. AUTHORIZED BY

13. PURPOSE OF SUBMISSION (See instructions for definitions)

☐ Interstate Movement

☐ Import

☐ TB

☐ Reagent Evaluation

☐ Export

☐ FAD/EP Diagnostic

☐ General Diagnostic

☒ NVSL Intralab

☐ Pre-Import

☐ Surveillance

☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION

15. REFERRAL NUMBER

16. PRESERVATION

☐ None ☐ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (Specify)

17. SPECIMENS SUBMITTED ("X" applicable item(s))

☐ Blood

☐ Feces

☐ Parasite

☒ Serum

☐ Tissue (specify)

☐ Whole Animal

☐ Other (specify)

☐ Culture

☐ Feed

☐ Plant

☐ Soil

☐ Urine

☐ Fetus

☐ Extract

☐ Milk

☐ Semen

☐ Swab (specify)

☐ Water

☐ DNA/RNA

18. TOTAL NUMBER OF  
SPECIMENS SUBMITTED

19. SPECIES OR SOURCE ("X" ONLY one)

☐ Cattle

☐ Goat

☐ Chicken

☒ Bison

☐ Fish

☐ Other (specify)

☐ Swine

☐ Horse

☐ Turkey

☐ Deer (specify)

☐ Environment

☐ Sheep

☐ Donkey

☐ Other bird (specify)

☐ Elk

☐ Reagent

20. NUMBER OF ANIMALS  
SAMPLED

8

### 21. IDENTIFICATION (See instructions <250 samples per form)

### IDENTIFICATION

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
	See attached								

22. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary).

23. SIGNATURE OF SUBMITTER AND DATE

X

NVSL USE ONLY

NVSL USE ONLY

CONDITION

PRIORITY

DISTRIBUTION

RECEIVED BY

## VS FORM 10-4 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

### 1. SUBMITTER CONTACT INFORMATION

**"REQUIRED"**

Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

### 2. NVSL SUBMITTER ID

For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

### 3. OWNER INFORMATION

**"REQUIRED"**

Enter the complete name of the animal owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian. For wildlife, check the box to indicate there is no owner.

### 4. LOCATION OF THE ANIMALS

**"REQUIRED"**

Include National Animal Identification System (NAIS) premises ID if available. Also, specify the county, parish or other designated location of the animals and the two-letter State abbreviation.

### 5. PAYMENT METHOD

**"REQUIRED FOR BILLABLE CASES"**

Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at [www.aphis.usda.gov/animal\\_health/lab\\_info\\_services/diagnos\\_tests.shtml](http://www.aphis.usda.gov/animal_health/lab_info_services/diagnos_tests.shtml), for specific test fees and a list of accepted credit cards. **DO NOT SEND CASH.**

### 6. HERD/FLOCK SIZE

Enter the total number of animals in the herd/flock.

### 7. NO. IN HERD/FLOCK AFFECTED

Enter the total number of animals in direct contact with suspect animal or showing clinical signs.

### 8. NO. IN HERD/FLOCK DEAD

Enter the total number of animals from this herd/flock that are dead.

### 9. EXAMINATIONS REQUESTED

**"REQUIRED"**

For disease programs, it is necessary only to enter the program name (e.g., CWD, Scrapie, or BSE). If the test is not for a disease program, specify the disease and the desired test.

### 10. COLLECTED BY

Enter the complete name of the person collecting the specimen(s).

### 11. DATE COLLECTED

Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

### 12. AUTHORIZED BY

Enter the name of the person authorizing the submission of this sample. Normally, this is the Area Veterinarian in Charge (AVIC) in your State. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. See [http://www.aphis.usda.gov/animal\\_health/area\\_offices/](http://www.aphis.usda.gov/animal_health/area_offices/) to locate the AVIC in your local area.

If an exotic (foreign) disease is suspected, contact the AVIC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. DO NOT ship any such specimens until approval is received and a control number is assigned. The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

### 13. PURPOSE OF SUBMISSION

**"REQUIRED"**

Definitions of Diagnostic Case Categories are as follows:

VS Form 10-4 (Reverse)

Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.

Export – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.

Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.

Import – Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center.

FAD/EP Diagnostic – Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, follow instructions in Block 12 for authorization to submit a FAD specimen.

Surveillance – Tests conducted for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.

TB – Tests conducted for diagnosing Tuberculosis.

General Diagnostic Case – Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition. Use this purpose when the purposes listed above do not apply.

Developmental/Research – Tests conducted for the purpose of supporting a developmental or research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.

Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.

NVSL Intralab – Tests conducted for another laboratory of the NVSL.

### 14. COUNTRY OF ORIGIN/DESTINATION

For import or pre-import cases, enter the country in which the animals last resided. For export cases, enter the country to which the animals will be shipped.

### 15. REFERRAL NUMBER

This number is typically assigned by the submitter and is used for the submitter's own reference. In FAD cases, enter the investigation control number described in the instructions for Block 12.

### 16. PRESERVATION

Check all blocks that apply.

### 17. SPECIMENS SUBMITTED

**"REQUIRED"**

Check all blocks that apply.

### 18. TOTAL NUMBER OF SPECIMENS SUBMITTED

Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

### 19. SPECIES OR SOURCE

**"REQUIRED"**

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

### 20. NUMBER OF ANIMALS SAMPLED

Enter the total number of animals sampled.

### 21. IDENTIFICATION

**"REQUIRED"**

Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**

Animal ID – Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (or name). NOTE: Laboratory results will be reported by animal identification number.

Breed – Enter the animal breed (e.g., Holstein, Angus).

Age – Indicate the approximate age in years (y), months (m), weeks (w), or days (d).

Sex – Indicate the sex, male (M), or female (F), for each animal.

### 22. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (e.g., lymph nodes, obex, brain)
- Specify clinical signs (e.g., weight loss, hair missing)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities
- Include any information that did not fit into its designated space elsewhere on the form
- Include any special (non-standard) instructions for test report delivery

### 23. SIGNATURE OF SUBMITTER AND DATE

The individual submitting the specimen(s) must sign and date the form.

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
NATIONAL VETERINARY SERVICES LABORATORIES  
P.O. BOX 844, 1920 DAYTON AVENUE, AMES, IA 50010  
(515) 337-7514

## SPECIMEN SUBMISSION

PAGE  
OF

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (including Business Name)

Jack Rhyan

2. NVSL SUBMITTER ID

3. NAME OF OWNER

☐ Check if wildlife (no owner)

Jack Rhyan

EMAIL ADDRESS

jack.c.rhyan@aphis.usda.gov

OWNER CITY

Fort Collins

STATE/COUNTRY

CO/USA

PHONE NO. 9702666126

FAX NO. 9702666157

4. LOCATION OF ANIMALS

MAILING ADDRESS (Street, City, State, ZIP Code)

PREMISES ID

COUNTY

Larimer

STATE/COUNTRY

CO

4101 LaPorte Ave, Fort Collins, CO 80521

### 5. PAYMENT METHOD

☐ USER FEE ACCOUNT NO.

☐ CHECK/MONEY ORDER  
(Enclosed, payable to USDA in US dollars)

☐ CREDIT CARD  
Number:  
Exp. Date:

6. HERD/FLOCK SIZE

9. EXAMINATIONS REQUESTED

Serology: Brucella for Steve Hennager

7. NO. IN HERD/FLOCK  
AFFECTED

8. NO. IN HERD/FLOCK  
DEAD

10. COLLECTED BY

Jack Rhyan

11. DATE COLLECTED

Various dates

12. AUTHORIZED BY

13. PURPOSE OF SUBMISSION (See instructions for definitions)

☐ Interstate Movement

☐ Import

☐ TB

☐ Reagent Evaluation

☐ Export

☐ FAD/EP Diagnostic

☐ General Diagnostic

☒ NVSL Intralab

☐ Pre-Import

☐ Surveillance

☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION

15. REFERRAL NUMBER

16. PRESERVATION

☐ None ☐ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (Specify)

17. SPECIMENS SUBMITTED ("X" applicable item(s))

☐ Blood

☐ Feces

☐ Parasite

☒ Serum

☐ Tissue (specify)

☐ Whole Animal

☐ Other (specify)

☐ Culture

☐ Feed

☐ Plant

☐ Soil

☐ Urine

☐ Fetus

☐ Extract

☐ Milk

☐ Semen

☐ Swab (specify)

☐ Water

☐ DNA/RNA

18. TOTAL NUMBER OF  
SPECIMENS SUBMITTED

19. SPECIES OR SOURCE ("X" ONLY one)

☐ Cattle

☐ Goat

☐ Chicken

☒ Bison

☐ Fish

☐ Other (specify)

☐ Swine

☐ Horse

☐ Turkey

☐ Deer (specify)

☐ Environment

☐ Sheep

☐ Donkey

☐ Other bird (specify)

☐ Elk

☐ Reagent

20. NUMBER OF ANIMALS  
SAMPLED

8

### 21. IDENTIFICATION (See instructions <250 samples per form)

### IDENTIFICATION

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
	See attached								

22. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary).

23. SIGNATURE OF SUBMITTER AND DATE

X

NVSL USE ONLY

NVSL USE ONLY

CONDITION

PRIORITY

DISTRIBUTION

RECEIVED BY

## VS FORM 10-4 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

### 1. SUBMITTER CONTACT INFORMATION “REQUIRED”

Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

### 2. NVSL SUBMITTER ID

For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

### 3. OWNER INFORMATION “REQUIRED”

Enter the complete name of the animal owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian. For wildlife, check the box to indicate there is no owner.

### 4. LOCATION OF THE ANIMALS “REQUIRED”

Include National Animal Identification System (NAIS) premises ID if available. Also, specify the county, parish or other designated location of the animals and the two-letter State abbreviation.

### 5. PAYMENT METHOD “REQUIRED FOR BILLABLE CASES”

Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at [www.aphis.usda.gov/animal\\_health/lab\\_info\\_services/diagnos\\_tests.shtml](http://www.aphis.usda.gov/animal_health/lab_info_services/diagnos_tests.shtml), for specific test fees and a list of accepted credit cards. **DO NOT SEND CASH.**

### 6. HERD/FLOCK SIZE

Enter the total number of animals in the herd/flock.

### 7. NO. IN HERD/FLOCK AFFECTED

Enter the total number of animals in direct contact with suspect animal or showing clinical signs.

### 8. NO. IN HERD/FLOCK DEAD

Enter the total number of animals from this herd/flock that are dead.

### 9. EXAMINATIONS REQUESTED “REQUIRED”

For disease programs, it is necessary only to enter the program name (e.g., CWD, Scrapie, or BSE). If the test is not for a disease program, specify the disease and the desired test.

### 10. COLLECTED BY

Enter the complete name of the person collecting the specimen(s).

### 11. DATE COLLECTED

Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

### 12. AUTHORIZED BY

Enter the name of the person authorizing the submission of this sample. Normally, this is the Area Veterinarian in Charge (AVIC) in your State. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. See [http://www.aphis.usda.gov/animal\\_health/area\\_offices/](http://www.aphis.usda.gov/animal_health/area_offices/) to locate the AVIC in your local area.

If an exotic (foreign) disease is suspected, contact the AVIC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. DO NOT ship any such specimens until approval is received and a control number is assigned. The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

### 13. PURPOSE OF SUBMISSION “REQUIRED”

Definitions of Diagnostic Case Categories are as follows:

VS Form 10-4 (Reverse)

Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.

Export – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.

Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.

Import – Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center.

FAD/EP Diagnostic – Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, follow instructions in Block 12 for authorization to submit a FAD specimen.

Surveillance – Tests conducted for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.

TB – Tests conducted for diagnosing Tuberculosis.

General Diagnostic Case – Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition. Use this purpose when the purposes listed above do not apply.

Developmental/Research – Tests conducted for the purpose of supporting a developmental or research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.

Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.

NVSL Intralab – Tests conducted for another laboratory of the NVSL.

### 14. COUNTRY OF ORIGIN/DESTINATION

For import or pre-import cases, enter the country in which the animals last resided. For export cases, enter the country to which the animals will be shipped.

### 15. REFERRAL NUMBER

This number is typically assigned by the submitter and is used for the submitter's own reference. In FAD cases, enter the investigation control number described in the instructions for Block 12.

### 16. PRESERVATION

Check all blocks that apply.

### 17. SPECIMENS SUBMITTED “REQUIRED”

Check all blocks that apply.

### 18. TOTAL NUMBER OF SPECIMENS SUBMITTED

Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

### 19. SPECIES OR SOURCE “REQUIRED”

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

### 20. NUMBER OF ANIMALS SAMPLED

Enter the total number of animals sampled.

### 21. IDENTIFICATION “REQUIRED”

Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**

Animal ID – Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (or name). NOTE: Laboratory results will be reported by animal identification number.

Breed – Enter the animal breed (e.g., Holstein, Angus).

Age – Indicate the approximate age in years (y), months (m), weeks (w), or days (d).

Sex – Indicate the sex, male (M), or female (F), for each animal.

### 22. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (e.g., lymph nodes, obex, brain)
- Specify clinical signs (e.g., weight loss, hair missing)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities
- Include any information that did not fit into its designated space elsewhere on the form
- Include any special (non-standard) instructions for test report delivery

### 23. SIGNATURE OF SUBMITTER AND DATE

The individual submitting the specimen(s) must sign and date the form.



UNITED STATES DEPARTMENT OF AGRICULTURE  
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NATIONAL VETERINARY SERVICES LABORATORIES  
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(515) 337-7514

## SPECIMEN SUBMISSION

PAGE  
OF

INSTRUCTIONS: Use a separate form for each species and each owner/broker. See "Instructions for Completing VS Form 10-4" for definitions.

1. SUBMITTER NAME (including Business Name)

Jack Rhyan

2. NVSL SUBMITTER ID

3. NAME OF OWNER

☐ Check if wildlife (no owner)

Jack Rhyan

EMAIL ADDRESS

jack.c.rhyan@aphis.usda.gov

OWNER CITY

Fort Collins

STATE/COUNTRY

CO/USA

PHONE NO. 9702666126

FAX NO. 9702666157

4. LOCATION OF ANIMALS

MAILING ADDRESS (Street, City, State, ZIP Code)

PREMISES ID

COUNTY

Larimer

STATE/COUNTRY

CO

4101 LaPorte Ave, Fort Collins, CO 80521

### 5. PAYMENT METHOD

☐ USER FEE ACCOUNT NO.

☐ CHECK/MONEY ORDER  
(Enclosed, payable to USDA in US dollars)

☐ CREDIT CARD  
Number:  
Exp. Date:

6. HERD/FLOCK SIZE

9. EXAMINATIONS REQUESTED

Serology: Brucella for Steve Hennager

7. NO. IN HERD/FLOCK  
AFFECTED

8. NO. IN HERD/FLOCK  
DEAD

10. COLLECTED BY

Jack Rhyan

11. DATE COLLECTED

Various dates

12. AUTHORIZED BY

13. PURPOSE OF SUBMISSION (See instructions for definitions)

☐ Interstate Movement

☐ Import

☐ TB

☐ Reagent Evaluation

☐ Export

☐ FAD/EP Diagnostic

☐ General Diagnostic

☒ NVSL Intralab

☐ Pre-Import

☐ Surveillance

☐ Developmental Research

14. COUNTRY OF ORIGIN/DESTINATION

15. REFERRAL NUMBER

16. PRESERVATION

☐ None ☐ Ice Pack ☐ Dry Ice ☐ Formalin ☐ Borax ☐ Alcohol ☐ Other (Specify)

17. SPECIMENS SUBMITTED ("X" applicable item(s))

☐ Blood

☐ Feces

☐ Parasite

☒ Serum

☐ Tissue (specify)

☐ Whole Animal

☐ Other (specify)

☐ Culture

☐ Feed

☐ Plant

☐ Soil

☐ Urine

☐ Fetus

☐ Extract

☐ Milk

☐ Semen

☐ Swab (specify)

☐ Water

☐ DNA/RNA

18. TOTAL NUMBER OF  
SPECIMENS SUBMITTED

19. SPECIES OR SOURCE ("X" ONLY one)

☐ Cattle

☐ Goat

☐ Chicken

☒ Bison

☐ Fish

☐ Other (specify)

☐ Swine

☐ Horse

☐ Turkey

☐ Deer (specify)

☐ Environment

☐ Sheep

☐ Donkey

☐ Other bird (specify)

☐ Elk

☐ Reagent

20. NUMBER OF ANIMALS  
SAMPLED

8

### 21. IDENTIFICATION (See instructions <250 samples per form)

### IDENTIFICATION

Sample ID	Animal ID	Breed	Age	Sex	Sample ID	Animal ID	Breed	Age	Sex
	See attached								

22. ADDITIONAL DATA (History, clinical signs, post mortem findings, remarks, tentative diagnosis, special instructions. Use additional sheets if necessary).

23. SIGNATURE OF SUBMITTER AND DATE

X

NVSL USE ONLY

NVSL USE ONLY

CONDITION

PRIORITY

DISTRIBUTION

RECEIVED BY



## VS FORM 10-4 INSTRUCTIONS

ALL information must be printed legibly or typed. Use a separate form for each species and owner. At the minimum, complete all fields designated in these instructions as required. Contact the Receiving Department of the laboratory to which you are sending specimens with specific documentation or shipping questions.

If including more than one page, include the page number of total pages submitted (e.g., 1 of 3).

### 1. SUBMITTER CONTACT INFORMATION “REQUIRED”

Enter the submitter's business name/affiliation; the name of the individual submitter is optional if test results are returned to a general business fax, email, or mailing address. Enter a fax number or email address to which we can return test results. Multiple email addresses are permissible. Specify if there is a preferred method of report delivery; email will be used if no preference is stated. Provide a complete mailing address. If fax or email is not available, test reports can be mailed, but this will delay delivery of your results. Repeat submitters are encouraged to be consistent with the submitter contact information that they provide, as the NVSL keeps a master record. If the test report for an individual submission needs to be routed to a non-standard destination, include special instructions in Block 22, Additional Data.

### 2. NVSL SUBMITTER ID

For more efficient service, repeat submitters are encouraged to include their NVSL Submitter ID. If you do not know your ID, contact the NVSL at (515) 337-7514.

### 3. OWNER INFORMATION “REQUIRED”

Enter the complete name of the animal owner, the city and the two-letter abbreviation of the State in which the owner resides. Ensure the animal owner is identified here and not the property manager or veterinarian. For wildlife, check the box to indicate there is no owner.

### 4. LOCATION OF THE ANIMALS “REQUIRED”

Include National Animal Identification System (NAIS) premises ID if available. Also, specify the county, parish or other designated location of the animals and the two-letter State abbreviation.

### 5. PAYMENT METHOD “REQUIRED FOR BILLABLE CASES”

Check the appropriate payment method. If payment is by user account or credit card, enter the account number. Enter the expiration month and year when using a credit card. Refer to the User Fees/Payment Options and the Catalog of Services/Fees, both located at [www.aphis.usda.gov/animal\\_health/lab\\_info\\_services/diagnos\\_tests.shtml](http://www.aphis.usda.gov/animal_health/lab_info_services/diagnos_tests.shtml), for specific test fees and a list of accepted credit cards. **DO NOT SEND CASH.**

### 6. HERD/FLOCK SIZE

Enter the total number of animals in the herd/flock.

### 7. NO. IN HERD/FLOCK AFFECTED

Enter the total number of animals in direct contact with suspect animal or showing clinical signs.

### 8. NO. IN HERD/FLOCK DEAD

Enter the total number of animals from this herd/flock that are dead.

### 9. EXAMINATIONS REQUESTED “REQUIRED”

For disease programs, it is necessary only to enter the program name (e.g., CWD, Scrapie, or BSE). If the test is not for a disease program, specify the disease and the desired test.

### 10. COLLECTED BY

Enter the complete name of the person collecting the specimen(s).

### 11. DATE COLLECTED

Enter the date on which specimens were collected. Use the format DD/MM/YYYY.

### 12. AUTHORIZED BY

Enter the name of the person authorizing the submission of this sample. Normally, this is the Area Veterinarian in Charge (AVIC) in your State. Authorization is assumed for regulatory veterinarians making routine program specimen submissions. See [http://www.aphis.usda.gov/animal\\_health/area\\_offices/](http://www.aphis.usda.gov/animal_health/area_offices/) to locate the AVIC in your local area.

If an exotic (foreign) disease is suspected, contact the AVIC and the Emergency Programs staff to obtain authorization to submit samples for FAD testing and an investigation control number that must be included with the submission. DO NOT ship any such specimens until approval is received and a control number is assigned. The receipt of an unauthorized shipment of specimens containing exotic disease agents can cause substantial disruption of work at the laboratory and result in possible fines for the submitter.

### 13. PURPOSE OF SUBMISSION “REQUIRED”

Definitions of Diagnostic Case Categories are as follows:

VS Form 10-4 (Reverse)

Interstate Movement – Tests conducted for the purpose of qualifying live animals or poultry for interstate movement.

Export – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for export from the U.S. to a foreign country.

Pre-Import – Tests conducted for the purpose of qualifying animals or poultry, including wild animals and birds, or animal or poultry products for import into the U.S. Select this purpose when the animals or products have not yet been moved into the U.S.

Import – Tests conducted for the same purpose as pre-import except that the animals or products are currently located at a U.S. import center.

FAD/EP Diagnostic – Tests conducted for the purpose of diagnosing or confirming a foreign disease, or for the eradication of a foreign disease that has gained entrance into the U.S. If a foreign animal disease is suspected, follow instructions in Block 12 for authorization to submit a FAD specimen.

Surveillance – Tests conducted for monitoring for a specific disease, for a specific insect or insect vector, or for analyzing specific products that are used in treating animals or poultry or for decontamination of animal poultry facilities.

TB – Tests conducted for diagnosing Tuberculosis.

General Diagnostic Case – Tests conducted for the purpose of diagnosing or confirming a domestic disease, and/or the analysis of environmental products that may be contributing to an existing disease condition. Use this purpose when the purposes listed above do not apply.

Developmental/Research – Tests conducted for the purpose of supporting a developmental or research project conducted by staff or field personnel of VS or by other laboratories, institutions, or agencies.

Reagent Evaluation – Tests conducted for the purpose of evaluating a reagent produced by other laboratories, institutions, or agencies.

NVSL Intralab – Tests conducted for another laboratory of the NVSL.

### 14. COUNTRY OF ORIGIN/DESTINATION

For import or pre-import cases, enter the country in which the animals last resided. For export cases, enter the country to which the animals will be shipped.

### 15. REFERRAL NUMBER

This number is typically assigned by the submitter and is used for the submitter's own reference. In FAD cases, enter the investigation control number described in the instructions for Block 12.

### 16. PRESERVATION

Check all blocks that apply.

### 17. SPECIMENS SUBMITTED “REQUIRED”

Check all blocks that apply.

### 18. TOTAL NUMBER OF SPECIMENS SUBMITTED

Enter the total number of specimens submitted. Specimens in one container are counted as one sample. Please limit to <250 samples per submission.

### 19. SPECIES OR SOURCE “REQUIRED”

Check only one block. If specimens are from different species or sources, use a separate VS Form 10-4 for each source. Reminder: Enter the animal BREED in Block 21.

### 20. NUMBER OF ANIMALS SAMPLED

Enter the total number of animals sampled.

### 21. IDENTIFICATION “REQUIRED”

Sample ID – Identify samples with consecutive numbers. **Ensure the sample identification number on this form matches the sample identification number placed on the specimen container.**

Animal ID – Record the animal's national identification tag number adjacent to the appropriate sample number. If there is no national animal ID, record the most appropriate identification number (or name). NOTE: Laboratory results will be reported by animal identification number.

Breed – Enter the animal breed (e.g., Holstein, Angus).

Age – Indicate the approximate age in years (y), months (m), weeks (w), or days (d).

Sex – Indicate the sex, male (M), or female (F), for each animal.

### 22. ADDITIONAL DATA

Enter all pertinent information about the animals and premises that can assist the lab in making a diagnosis.

- Provide detail on tissue specimens you are including (e.g., lymph nodes, obex, brain)
- Specify clinical signs (e.g., weight loss, hair missing)
- If meat is being retained pending specimen results, enter **RETAINED**
- Add related case submission numbers to assist in trace activities
- Include any information that did not fit into its designated space elsewhere on the form
- Include any special (non-standard) instructions for test report delivery

### 23. SIGNATURE OF SUBMITTER AND DATE

The individual submitting the specimen(s) must sign and date the form.