

Montana: January 2013 sampling of bison

Animal ID	Site	Date	Brucella Status	Vaccine Status	Prgnancy Status
R08		2 1/8/2013	(b) (3) (A)	No	+
R09		2 1/8/2013		No	-
R13		2 1/8/2013		No	+
R15		2 1/8/2013		No	-
R19		3 1/9/2013		Yes	-
R20		3 1/9/2013		Yes	+
R22		2 1/8/2013		No	+
R24		3 1/9/2013		Yes	+
R27		3 1/9/2013		Yes	-
R28		3 1/9/2013		Yes	-
G2		3 1/9/2013		Yes	+
G3		3 1/9/2013		Yes	+
G4		3 1/9/2013		Yes	-
G6		3 1/9/2013		Yes	-
G8		2 1/8/2013		No	+
G9		2 1/8/2013		No	+
G10		2 1/8/2013		No	+
G14		2 1/8/2013		No	+
G15		2 1/8/2013		No	+

Site 2 = (b) (3) (A)

Site 3 =

Vaccine = GnRH (Gonacon) Vaccine. Sterilization/immunocontraceptive vaccine

Montana: Gonacon Bison

ID	Treatment	Site
R08	control	1
R09	control	1
R13	control	1
R15	control	1
R19	vax	2
R20	vax	2
R22	control	1
R24	vax	2
R27	vax	2
R28	vax	2
G2	neg	2
G3	neg	2
G4	neg	2
G6	neg	2
G8	neg	1
G9	neg	1
G10	neg	1
G14	neg	1
G15	neg	1

Site 1 = (b)(3)
Site 2 = (b)(3)

BANGLE TAG	EARTAG	BACKT DATE	Rec'vd	Sero-stat	Age/DOB	SEX	Gonacon	BLED
Green 01	YNP930740	81VJ65	4/5/2011	NEG	2, 2010	F	N	N
Green 02	YNP930702	81VJ64	3/10/2011	NEG	2, 2010	F	N	Y
Green 03	YNP930731	81VJ65	4/5/2011	NEG	2, 2010	F	N	Y
Green 04	YNP930625	81VJ64	3/8/2011	NEG	3, 2009	F	N	Y
Green 05	YNP930696	81VJ64	3/10/2011	?	2, 2010	F		Y
Green 06	YNP930754	81VJ65	4/5/2011	NEG	2, 2010	F	N	Y
Green 07	YNP930638	81HL60	3/8/2011	NEG	2, 2010	F	N	N
Green 08	YNP930648	81HL60	3/8/2011	NEG	3, 2009	F	N	Y
Green 09	YNP930755	81VJ65	4/5/2011	NEG	2, 2010	F	N	Y
Green 10	YNP930626	81VJ64	3/8/2011	NEG	3, 2009	F	N	Y
Green 11	YNP930675	81VJ64	3/10/2011	NEG	3, 2009	F	N	N
Green 12	YNP930670	81VJ64	3/10/2011	NEG	2, 2010	F	N	N
Green 13	81AJW3732		4/26/2011	NEG	1, 2011	F	N	N
Green 14	YNP930725	81VJ65	3/10/2011	NEG	3, 2009	F	N	Y
Green 15	YNP930634	81HL60	3/8/2011	NEG	2, 2010	F	N	Y
Green 16	81AJW3751		4/26/2011	NEG	1, 2010	F	N	N
Green 17	YNP930627	81VJ64	3/8/2011	NEG	3, 2009	F	N	Y
Green 18	YNP930631	81VJ64	3/8/2011	?	2, 2010	F		Y
Red 01	YNP930472		4/26/2011	POS	2, 2010	F	Y	Y
Red 02	YNP930705	81VJ64	3/10/2011	SUS	2, 2010	F	Y	Y
Red 03	YNP930689	81VJ64	3/10/2011	POS	3, 2009	F	N	Y
Red 04	YNP930759	6048	5/23/2011	POS	3, 2009	F	Y	Y
Red 05	YNP930697	81VJ64	3/10/2011	POS	2, 2010	F	Y	Y
Red 06	YNP930287		4/26/2011	POS	2, 2010	F	N	Y
Red 07	YNP930773	8536	5/23/2011	POS	3, 2009	F	N	Y
Red 08	YNP930761	6050	5/23/2011	POS	3, 2009	F	N	Y
Red 09	YNP930760	6049	5/23/2011	POS	1, 2011	F	N	Y
Red 10	YNP930502		4/26/2011	?	2, 2010	F		Y
Red 11	YNP930777	8541	5/23/2011	POS	2, 2010	F	Y	Y
Red 12	YNP930765	8528	5/23/2011	?	2, 2010	F		Y
Red 13	YNP930737	81VJ65	4/26/2011	POS	2, 2010	F	N	Y
Red 14	YNP930150		4/26/2011	POS	2, 2010	F	Y	Y
Red 15	YNP930706	81VJ64	3/10/2011	POS	2, 2010	F	N	Y
Red 16	YNP930684	81VJ64	3/10/2011	POS	2, 2010	F	N	Y
Red 17	YNP930588		4/26/2011	POS	2, 2010	F	N	Y
Red 18	YNP930776	8540	5/23/2011	POS	3, 2009	F	N	Y
Red 19	YNP930762	8523	5/23/2011	POS	2, 2010	F	Y	Y
Red 20	YNP930678	81VJ64	3/10/2011	POS	3, 2009	F	Y	Y
Red 21	YNP930763	8526	5/23/2011	POS	3, 2009	F	N	Y
Red 22	YNP930673	81VJ64	3/10/2011	POS	3, 2009	F	N	Y
Red 23	YNP930667	81VJ64	3/10/2011	POS	3, 2009	F	Y	Y
Red 24	YNP930636		4/26/2011	POS	3, 2009	F	Y	Y
Red 25	YNP930778	8542	5/23/2011	POS	3, 2009	F	N	Y
Red 26	YNP930202		4/26/2011	POS	3, 2009	F	Y	Y
Red 27	YNP930454		4/26/2011	POS	3, 2009	F	Y	Y
Red 28	YNP930575		4/26/2011	POS	3, 2009	F	Y	Y

Red 29	YNP930406	4/26/2011 POS	3, 2009	F	Y	Y
Red 30	YNP930568	4/26/2011 POS	2, 2010	F	N	Y

OLD EARTAG	Datechngd	Disposition	Deworm
		Xtra	
		(b)(3)3	
		????	
		(b)(3)	
		Xtra	
		SNS	
		SNS	
		SNS	
		Xtra-Calved	
		Xtra	
		Xtra-calf of Grn 11	
		SNS	
		SNS	
		Xtra	
		(b)(3)	
		???	
		(b)(3)	
		SNS	
		(b)(3)	
		SNS	
		SNS	
		SNS	
		SNS	
		????	
		(b)(3)	
		????	
		SNS	Warts
		(b)(3)	
		SNS	
		SNS	
		SNS	
		SNS	
		(b)(3)	
		SNS	
		SNS	
		(b)(3)	
		SNS	
		(b)(3)	

(b)(3)

SNS

Location	Bangle Tag	Implant Frequency	Channel	Scan Frequency	Notes
(b)(3)	Green 02	150.641	04	150.6410	
(b)(3)	Green 03	150.551	03	150.5510	
(b)(3)	Green 04	*****			
(b)(3)	Green 06	*****			
(b)(3)	Green 17	150.050	02	150.0500	
(b)(3)	Red 01	*****			
(b)(3)	Red 02	*****			
(b)(3)	Red 04	*****			
(b)(3)	Red 05	*****			
(b)(3)	Red 11	*****			
(b)(3)	Red 14	*****			
(b)(3)	Red 19	*****			
(b)(3)	Red 20	150.720	07	150.7203	
(b)(3)	Red 23	*****			
(b)(3)	Red 24	150.801	06	150.8013	
(b)(3)	Red 26	150.662	05	150.6617	
(b)(3)	Red 27	*****			
(b)(3)	Red 28	*****			
(b)(3)	Red 29	*****			
(b)(3)	Red 31	*****			

Montana: Gonacon Bison

	Treatment	May-12	1/9/2013
R01	vax		
R03	control		missing
R02	vax		
R04	vax		
R05	vax		
R06	control		
R07	control		
R08	control		
R09			
R10	vax		missing
R11	vax		
R12	control		missing
R13	control		
R14			
R15	control		
R16	control		
R17	control		
R18	control		
R19	vax		
R20	vax		
R21	control		
R22	control		
R23	vax		
R24	vax		
R25	control		
R26	vax		
R27	vax		
R28	vax		
R29	vax		
R30	control		
R31			
G2			
G3			
G4			
G5			
G8			
G9			
G10			
G14			
G15			
G17			

Bison Brucella VOC Study 2013
Breath Samples from Bison Participating
in Gonacon Study
Sampling Date: January 8-9, 2013

ID	Brucella Status	Treatment Group	Site	GnRH titer	Pregnancy Status	Intensity of reaction on Serology
R08	(b) (3) (A)	control	1	0	Pos	
R09		control	1	0	Neg	
R13		control	1	0	Pos	
R15		control	1	0	Neg	
R19		vax	2	128	Neg	
R20		vax	2	128	Pos	
R22		control	1	0	Pos	
R24		vax	2	0	Pos	
R27		vax	2	128	Neg	
R28		vax	2	128	Neg	
G2		Sentinel	2	0	Pos	NA
G3		Sentinel	2	0	Pos	NA
G4		Sentinel	2	0	Neg	NA
G6		Sentinel	2	0	Neg	NA
G8		Sentinel	1	0	Pos	NA
G9		Sentinel	1	0	Pos	NA
G10		Sentinel	1	0	Pos	NA
G14		Sentinel	1	0	Pos	NA
G15		Sentinel	1	0	Pos	NA

Site 1 = (b) (3) (A)
Site 2 =

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 <i>Bov</i>
COUNTY <i>Paul</i>
PAGE 1 OF PAGES 2

OWNER <i>USDA APHIS US, Gonsalon</i>
ADDRESS <i>772 Hwy 84 S.</i>
<i>Crown Sprng</i> <i>MT</i> ZIP

SUBMITTED BY <i>P. Ryan Clarke</i>
ADDRESS (b) (6)

DESTINATION / QUARANTINE NO. / REMARKS:
BAFS-Gonsalon-Catt & Health

If required, phone/FAX results to: *R. Gray, R. Clarke, J. Ryan*

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	BPA	BPA	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 &

CF

Released *[Signature]*
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	202
1/24/17	1/24/17	1/27/17	1/27/17

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



17-10788

01/12/17

Control #2

STATE OF MONTANA

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION
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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

DATE RECEIVED: 01-12-17

SPECIES Bison

COUNTY Park

PAGE 1 OF PAGES 3

SEROLOGY REPORT

COMPLETE SHADED AREAS ONLY

OWNER USDA APHIS VS Gonacon

ADDRESS 772 Hwy 89 S

Gardner - Crown Springs MT ZIP

SUBMITTED BY P. Pason Clarke

ADDRESS (b) (6)

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

Brucella Control 1

If required, IL, Hg, IL, Cl, IL, S, Khyar 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	Bruc	Bruc	Bruc					
1	Green 08	AD	F	BIS	u/a	Pos	Pos	Pos	1+10				FPA mP value	
2	Green 14					Pos	Pos	Pos	3+10				FPA = 213.7 mP	
3	Green 15					Pos	Pos	Pos	1+10				FPA = 234.9 mP	
4	Red 03					Pos	Pos	Pos	2+40				FPA = 210.2 mP	
5	Red 06					Pos	Neg	Pos	2+10				FPA = 114.8 mP	
6	Red 07					Neg	Pos	Neg	N				FPA = 207.6 mP	
7	Red 08					Pos	Pos	Pos	N				FPA = 4.7 mP	
8	Red 09					Pos	Pos	Pos	3+160				FPA = 193.7 mP	
9	Red 13					Pos	Pos	Pos	N				FPA = 194.3 mP	
10	Red 16					Pos	Pos	Pos	1+320				FPA = 193.8 mP	
													FPA = 273.4 mP	

Card, ISAPA, FPA & CF

Released 1/31/17

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	Bruc	Bruc	Bruc
TESTED BY	ap 1/24/17	ap 1/31/17	ap 1/27/17	

* If mP values between 10-20 → SUSPECT

* If mP values greater than 20 → POSITIVE

Test interpretation

ap 1/31/17



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

OWNER USDA APHIS, 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	N/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	Carl	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		

001069

DEPT. OF LIVESTOCK DIAGNOSTIC LABORATORY DIVISION

OWNER USDA, APHIS VS, Gonalon

SUBMITTED BY: R. Clarke

DATE 1/10/17 PAGE 3 OF 3

COMPLETE SHADED AREAS ONLY

[illegible]

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

Grover-Crown Springs MT ZIP

SUBMITTED BY P. Byron Clarke

ADDRESS (b) (6)

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

If required, R. Fray, R. Clarke, J. Ryan phone/FAX results to

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBR	BLV	LEPTOSPIROSIS - 8 SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Card	BRU	BT	ANA	PTB	IBR	BLV	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+40				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 BADA

TESTED BY ap 1/24/17 ap 1/24/17 ap 1/24/17

Card, BADA, FPA & CF

Released 1/31/17

* If mP values between 10-20 → SUSPECT

* If mP values greater than 20 → POSITIVE

Test interpretation

ap 1/31/17



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 APISUS, 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	Bm	Bm	Bm	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	56108	1	M			Pos	Pos	Pos	3+20				FPA = 176.9 mP		
18	56109	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	6618	Carl	F			Pos	Pos	Pos	2+80				FPA = 41.9 mP		
22	6646		M			Neg	Neg	Neg	N				FPA = 3.3 mP		
23	6622		F			Neg	Neg	Neg	N				FPA = 8.3 mP		
24	6603		M			Neg	Neg	Neg	N				FPA = 5.5 mP		
25	6607		F			Neg	Neg	Neg	N				FPA = 8.3 mP		
26	6606		F			Pos	Pos	Pos	2+40				FPA = 206.9 mP		
27	6615		M			Neg	Neg	Neg	1+20				FPA = 8.8 mP		
28	6624					Neg	Pos	Neg	N				FPA = -6.2 mP		
29	669					Neg	Neg	Neg	1+10				FPA = 9.7 mP		
30	6646					Neg	Neg	Neg	N				FPA = 0.7 mP		

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 US, Gonacon

ADDRESS: Colwin Spring MT ZIP

SUBMITTED BY: P. Ryan

ADDRESS: (b) (6)

ZIP:

DESTINATION / QUARANTINE NO. / REMARKS: BQBS-Gonacon-Cattlehead

GC2

If required, R. Frey, R. Chole, J. Rhyon

CIRCLE TEST REQUIRED — If specific test and/or standard dilution required, so indicate.						BRU	BT	ANA	PTB	IBT	BVD	BLV	LEPTOSPIROSIS	8 SEROVARS	OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Card	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: Card Beta

TESTED BY: D. Frey 1/18/17, P. Ryan 1/24/17, J. Rhyon 1/27/17

Released: 1/31/17

GC2

If mP values between 10-20 → SUSPECT

If mP values greater than 20 → POSITIVE



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	
													FPA = 3.3 mP	

Gona Con #1

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

GC #1

DATE BLED:	1/12/17
REASON FOR TEST	
<input checked="" type="checkbox"/> DIAGNOSTIC	
<input type="checkbox"/> REGULATORY	
<input type="checkbox"/> QUARANTINE / IMPORTS	

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, K. Clarke, J. Ryan

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	Bun	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

dp 1/24/17 dp 1/31/17

dp 1/31/17

* Connection

* Tube #10 (Rel 11)

FPA Suspect

dp 1/31/17

dp 1/31/17

dp 1/31/17

Test interpretation:

* If mP values between 10-20 → SUSPECT

* If mP values greater than 20 → POSITIVE



17-10813

01/12/17

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 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	Bru	Bt-U	Bt-U	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	SGR03	1	M			Neg	Neg	Neg	N				FPA = 8.7 mp	
	SGR04													
	SGR11													
18	SGR02	1	F			Neg	Neg	Neg	N				FPA = 0.7 mp	
	SGR14													
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	

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: Colvin Sprng MT ZIP

SUBMITTED BY: P. Ryan Clarke

ADDRESS: (b) (6)

ZIP:

DESTINATION / QUARANTINE NO. / REMARKS: BOPS-Gonzalez-Calkins

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	GEROVAR	OTHER	
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Cond	Ben	Ben	Ben	Ben	Ben	Ben	Ben	Ben	Ben	Ben	Ben
1	Green 01	AD	F	Bison	4/1	Neg	Neg	Neg	N								
2	Green 07																
3	Green 13																
4	Green 21																
5	Green 24																
6	Green 25					Pos	Pos	Pos	3+160								
7	Red 32					Neg	Pos	Pos	1+40								
8	Red 34					Neg	Pos	Pos	1+40								
9	Red 36					Pos	Pos	Pos	4+80								
10	Red 38					Neg	Neg	Neg	N								
No. Samples							34	34	34	34							
No. Seropositive							13	19	20	14							
No. Suspect							-	-	-	3							
No. Seronegative							21	15	14	17							
No. Undetermined							-	-	-	-							
Comments							Cond	Ben	Ben	Ben							
TESTED BY							ap/1/17	ap/1/17	ap/1/17	ap/1/17							

Background FPA x CF

Released 1/31/17

Corrected FPA 19 Seropositive
FPA 15 Seronegative

ap/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

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.	BRU	BT	ANA	PTB	IBR	BVD	BLV	LEPTOSPIROSIS	SEROVARS	OTHER
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						

2A (Rev. 11/09)

001081

Species: Bison
County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771

Phone (406) 994 - 4885 Fax (406) 994 - 6344

Email: livdiagnosticlab@mt.gov

Collection Date: APR 25-27-2015

Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS, VS
ADDRESS:
CITY/STATE/ZIP: Cortwin Springs, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS - Gona Con - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): P. Ryan Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP: (b) (6)
RESULT REPORTING OPTIONS: PHONE/FAX/EMAIL
NUMBER OR EMAIL ADDRESS: B. Frey, R. Clarke, J. Rhyam

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU*	BP	ANA	EMD	PTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	Final	BABA	Card	CF 1:10	FP					
	G15	Ad	Fe	Bison		Reactor	Pos	Pos	N	P (193.2)					
	5 G15	calf	M			Reactor	Pos	Pos	4/240	P (184.2)					
	R14	Ad	Fe			Reactor	Pos	N	1/20	P (29.6)					
	5 R14	calf	M			Reactor	Pos	Pos	2/160	N (8.8)					
	G01	Ad	Fe			Neg	N	N	N	N (6.3)					
	5 G01	calf	M			Neg			N	N (8.2)					
	G03	Ad	Fe			Neg			N	N (8.0)					
	5 G03	calf	Fe			Suspect			3/10	N (3.6)					

DATE RECEIVED: 4-27-15

CASE # 8-385-15

The MVDL is an accredited AAVID laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV2A (Rev. 11/09)

mm/mm

Species: Bison
County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771
Phone (406) 994 - 4885 Fax (406) 994 - 6344
Email: livdiagnosticlab@mt.gov

Collection Date: 5-5-15
Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS-US
ADDRESS:
CITY/STATE/ZIP: Corwin Springs, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS - Bona Con - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): R. Ryan Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP:
RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
NUMBER OR EMAIL ADDRESS: B. Frey, R. Clarke, J. Ryan

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	EHD	PTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER			
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.													
1	G07	Ad	Fe	Bison		Final	N	N	N	N	(0.4)							
2	R09					Reactor	Pos	Pos	4/160	Pos	(179.7)							
3	R02					Neg	N	N	N	N	(3.8)							
4	5R02	calf				Neg	N	N	3/20	N	(-59.1)							
<div style="text-align: center;"> </div>																		
Laboratory Comments: <u>Please do FPA, CF Card, BAPA</u>						Samples	4	4	4	4	4							
<u>See attached report from Dr. Houde (DBE)</u> <u>Released 5/18/15</u> <u>for animal classification</u>						Seropositive	1											
						Suspect												
						Seronegative	3											
						Undetermined												
						Tested By	<u>5/18/15</u>											

FEE: _____

DATE RECEIVED: 5-5-15CASE # 8-401-15

The MVDL is an accredited AAEP laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 1/09)

Species: Bison
 County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771

Phone (406) 994 - 4885 Fax (406) 994 - 6344

Email: livdiagnosticlab@mt.gov

Collection Date: APR 29-30 2015

Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA-APHIS-VS
 ADDRESS:
 CITY/STATE/ZIP: Corwin Springs, MT
 REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS - Gona Con - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
 SUBMITTER'S NAME (PRINT): P. Brian Clarke
 ADDRESS: (b) (6)
 CITY/STATE/ZIP:
 RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
 NUMBER OR EMAIL ADDRESS: B. Frey, R. Clarke, J. Rhymer

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	END	FTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER	
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	Final	Br-A	Br-A	Br-A	Br-A						
1	5R26	calf	M	Bison		Reactor	Pos	N	4+100	Pos (92-1)						
2	R26	Ad	Fe			Reactor	Pos	N	2+40	Pos (25-3)						
3	5R18	calf	Fe			Reactor	Pos	Pos	3+20	Pos (162-3)						
4	R18	Ad	Fe			Reactor	Pos	Pos	N	Pos (186-3)						
5	5G09	Calf	Fe			Reactor	Pos	Pos	4+40	Pos (117-9)						
6	G09	Ad	Fe			Reactor	Pos	Pos	N	Pos (149-5)						
7	5G06	calf	M			Neg	N	N	1+10	N (-61-5)						
8	G06	Ad	Fe			Neg	N	N	N	N (-1-3)						
Laboratory Comments: Please do FPA, CF Card, BAPA See attached report for Dr. Hinkle for final diagnosis Released 4/5/15						Samples	8	8	8	8	8	(Self-test values)				a/p
						Seropositive	6									
						Suspect										
						Seronegative	2									
						Undetermined										
						Tested By	4/5/15									

FEE:

DATE RECEIVED 5-1-15

CASE # 8-388-15

The MVDL is an accredited AAVLD Laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

Species: Bison
County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771
Phone (406) 994 - 4885 Fax (406) 994 - 6344
Email: livdiagnosticlab@mt.gov

Collection Date: 5/2/15
Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS, VS
ADDRESS:
CITY/STATE/ZIP: Corwin Springs, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS-Gona Con- Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): P. Ryan Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP:
RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
NUMBER OR EMAIL ADDRESS: R. Clarke, B. Frey, J. Rhyon

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	EHF	PTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	Final	Bru	ANA	EHF	PTB					
1	G04	Ad	Fe	Bison	N/A	Neg	N	N	N	N (-4.2)					
2	5G04	calf					N	N	3+10	N (-20.4)					
3	G08	Ad	Fe				N	N	N	N (-4.0)					
4	5G08	calf					N	N	2+10	N (-6.0)					
5	G13	Ad	Fe				N	N	N	N (-5.0)					
6	5G13	calf					N	N	N	N (-1.6)					
7	R13	Ad	Fe			Reactor	Pos	Pos	N	Pos (169.1)					
8	5R13	calf				Reactor	Pos	Pos	1+40	Pos (147.1)					
Laboratory Comments:						Samples	8	8	8	8	8	(FPA delta m.p.)			
						Seropositive	2					Vikings			
						Suspect									
						Seronegative	6								
						Undetermined									
						Tested By	5/13/15								

Laboratory Comments:

Please do, BAPA,
FPA, card, CF.

See attached report from Dr. Houle
for final Classification - Released 5/13/15

FEE:

DATE RECEIVED: 5-4-15

CASE # A-398-15

mm/mm

The MVDL is an accredited AAVID laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

DATE BLED: 6/9/15	
REASON FOR TEST	
<input checked="" type="checkbox"/>	DIAGNOSTIC
<input type="checkbox"/>	REGULATORY
<input type="checkbox"/>	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.						BRU BT ANA PTB IBR BVD BLV							LEPTOSPIROSIS - 8 SEROVARS		OTHER
TUBE NO.	IDENTIFICATION	AGE	SEX	BREED	OFF. VAC.	Finax	Bruc BAPA	Bruc CARD	Bruc CF (1:10)	Bruc FPA	FPA mp values	c/s 6/18/15			
1	Red 01	AD	F	Bison	N/A	Sus.	Neg	Neg	Neg	Susp	19.8 mP	- (Suspect)			
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						ap									

attached documentation from NAD

Please do FPA, CF, BAPA & Card.

email: Patrick Rym Clarke & Rebecca. Fry

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

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

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

[illegible]

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
CONUM Sprung
ZIP

SUBMITTED BY: Becky Frey
ADDRESS: PO Box 1165
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	Bism	MA	Sus.	Neg	Neg	Neg	Susp	19.8 mP		- (Suspect)
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						ap							

attached clinical information from NMS

Please do FPA, CF, BAPA & Card.

email: Patrick Ryan Clarke & Rebecca Fry

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

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

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

[illegible]

The MVDL is an accredited AAEP Laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

CERTIFICATE OF VETERINARY INSPECTION

TO ACCOMPANY SHIPMENT

CONSIGNOR NAME AND ADDRESS APHIS, VS, Gona Con Corwin Springs, MT		CONSIGNEE NAME AND ADDRESS APHIS, VS, NWRC 4101 LaPorte Ave		PERMIT NO. 20KX08-01	DATE ISSUED 20 AUG 14
ORIGIN ADDRESS (IF DIFFERENT THAN ABOVE)		DESTINATION ADDRESS (IF DIFFERENT THAN ABOVE) Ft Collins, CO. 80521		BRAND INSP. NO.	DATE INSPD. 20 AUG 14
PURPOSE OF MOVEMENT: <input type="checkbox"/> BREEDING <input type="checkbox"/> SLAUGHTER <input type="checkbox"/> FEEDING <input checked="" type="checkbox"/> EXHIBITION, ETC. Research		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: DSA		CARRIER: <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> OTHER: _____ NAME & ADDRESS: APHIS, VS 4101 LaPorte Ave Ft. Collins, CO 80521	
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: Bison		REPLICA CERTIFICATE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		VACCINATION OR TREATMENT FOR (EXCEPT BRUCELLOSIS) PRODUCT: _____ DATE: _____ RECORD NEGATIVE TEST RESULTS LAB: _____	
ORIGIN OF SHIPMENT: A) County: Park B) Market: _____					

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
81 AJW 3760	1	Red 65	N/A	1y	M	Bison		
81 AJW 3757	2	Red 69		2y				
81 AJW 3774	3	Red 61		1y				
YNP930781	4	Red 63		2y				
YNP930786	5	Red 66		2y				
YNP930797	6	Red 59		2y				
YNP930798	7	Red 62		2y				
	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 Name: **CLARKE** License #: **1081**
Address: **(b) (6)** Tel. No.: **(b) (6)**

OWNER/AGENT STATEMENT (where applicable)

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

Signature of Owner/Agent: **Th. [Signature]**
Address: **(b) (6)**
Date: **20 AUG 14**

2A (Rev. 11/09)

001109

001111

Species: Bison
County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771
Phone (406) 994 - 4885 Fax (406) 994 - 6344
Email: livdiagnosticlab@mt.gov

Collection Date: 5/2/15
Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS, VS
ADDRESS:
CITY/STATE/ZIP: Corwin Springs, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS-Gona Con- Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): P. Ryan Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP:
RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
NUMBER OR EMAIL ADDRESS: R. Clarke, B. Frey, J. Rhyon

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	EHF	PTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	Final	Bru	ANA	EHF	PTB					
1	G04	Ad	Fe	Bison	N/A	Neg	N	N	N	N (-4.2)					
2	5G04	calf					N	N	3+10	N (-20.4)					
3	G08	Ad	Fe				N	N	N	N (-4.0)					
4	5G08	calf					N	N	2+10	N (-6.0)					
5	G13	Ad	Fe				N	N	N	N (-5.0)					
6	5G13	calf					N	N	N	N (-1.6)					
7	R13	Ad	Fe			Reactor	Pos	Pos	N	Pos (169.1)					
8	5R13	calf				Reactor	Pos	Pos	1+40	Pos (147.1)					
Laboratory Comments:						Samples	8	8	8	8	8	(FPA delta m.p.)			
						Seropositive	2					[Signature]			
						Suspect									
						Seronegative	6								
						Undetermined									
						Tested By	5/13/15								

Laboratory Comments:

Please do, BAPA,
FPA, card, CF.

See attached report from Dr. Houle
for final Classification - Released 5/13/15

FEE:

DATE RECEIVED: 5-4-15

CASE # A-398-15

mm/mm

The MVDL is an accredited AAEP laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

001112

Species: Bison
 County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771

Phone (406) 994 - 4885 Fax (406) 994 - 6344

Email: livdiagnosticlab@mt.gov

Collection Date: APR 29-30 2015Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only
 (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA-APHIS-VS
 ADDRESS:
 CITY/STATE/ZIP: Corwin Springs, MT
 REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS - Gona Con - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
 SUBMITTER'S NAME (PRINT): P. Ryan Clarke
 ADDRESS: (b) (6)
 CITY/STATE/ZIP:
 RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
 NUMBER OR EMAIL ADDRESS: B. Frey, R. Clarke, J. Rhymer

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	END	FTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	Final	Br-A	Br-A	Br-A	Br-A					
1	5R26	calf	M	Bison		Reactor	Pos	N	4+100	Pos (92.1)					
2	R26	Ad	Fe			Reactor	Pos	N	2+40	Pos (25.3)					
3	5R18	calf	Fe			Reactor	Pos	Pos	3+20	Pos (162.3)					
4	R18	Ad	Fe			Reactor	Pos	Pos	N	Pos (186.3)					
5	5G09	Calf	Fe			Reactor	Pos	Pos	4+40	Pos (117.9)					
6	G09	Ad	Fe			Reactor	Pos	Pos	N	Pos (149.5)					
7	5G06	calf	M			Neg	N	N	1+10	N (-61.5)					
8	G06	Ad	Fe			Neg	N	N	N	N (-1.3)					
Laboratory Comments: <u>Please do FPA, CF Card, BAPA</u>						Samples: 8 8 8 8 8 (Self-test values) Seropositive: 6 Suspect: Seronegative: 2 Undetermined: Tested By: <u>4/5/15</u>									

See attached report for Dr. Hinkle for
 final diagnosis

Released 4/5/15

FEE:

DATE RECEIVED 5-1-15CASE # 8-388-15

The MVDL is an accredited AAVID Laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

Species: Bison
County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771
Phone (406) 994 - 4885 Fax (406) 994 - 6344
Email: livdiagnosticlab@mt.gov

Collection Date: 5-5-15
Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS-US
ADDRESS:
CITY/STATE/ZIP: Corwin Springs, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS - Bona Con - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): P. Ryan Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP:
RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
NUMBER OR EMAIL ADDRESS: B. Frey, R. Clarke, J. Ryan

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	EHD	PTB	IBR	BVD	BLV	LEPTOSPIROSIS 8 - SEROVARS	OTHER	
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.											
1	G07	Ad	Fe	Bison		Final	N	N	N	N	(0.4)					
2	R09					Reactor	Pos	Pos	4/160	Pos	(179.7)					
3	R02					Neg	N	N	N	N	(3.8)					
4	5R02	calf				Neg	N	N	3/20	N	(-59.1)					
<div style="text-align: right;"> Samples Seropositive Suspect Seronegative Undetermined Tested By <u>5/18/15</u> </div>						4	4	4	4	4						
						1										
						3										

Laboratory Comments:

Please do FPA, CF
Card, BAPA
See attached report from Dr. Roark (DBE)
for animal classification
Released 5/18/15

FEE:

DATE RECEIVED: 5-5-15

CASE # 8-401-15

The MVDL is an accredited AAEP laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 1/09)

The MVDL is an accredited AAEP laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

Species: Bison
County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771

Phone (406) 994 - 4885 Fax (406) 994 - 6344

Email: livdiagnosticlab@mt.gov

Collection Date: 10/30/14
Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS, VS
ADDRESS:
CITY/STATE/ZIP: COTWIN SPRINGS, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQ FS - Gona Con - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): P. Ryan Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP:
RESULT REPORTING OPTIONS: PHONE / FAX
NUMBER OR EMAIL ADDRESS: J. Rhym, B. Frey, R. Clarke

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	EHD	PTB	IBR	BVD	BLV	LEPTOSPIROSIS	OTHER
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	Final classif.	Brucella FPA	Brucella BAPA	Brucella CF	Brucella Card		ap 11/10/14		8 - SEROVAR	
1	81 AJW 3758	Ad	Fe	Bison		Neg	Neg	N	Neg	N					
2	Gr 20						Neg		Neg						
3	Gr 22						Neg		Neg						
4	Gr 23						Neg		Neg						
5	Gr 26						Neg		Neg						
6	Gr 27						Neg		Neg						
7	Gr 30						Neg		Neg						
Samples						7	7	7	7	7					
Seropositive															
Suspect															
Seronegative						7			CF						
Undetermined									(1:10)						
Tested By						11-10-14			ap 11/10/14						

Laboratory Comments:

Please do FPA, CF
BAPA, Card, ~~CF~~

Released ap 11-10-14

FEE:

DATE RECEIVED: 10-31-14

CASE # 8-239-15

The MVDL is an accredited AAEP laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

Species: Bison
County: Dark

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771
Phone (406) 994 - 4885 Fax (406) 994 - 6344
Email: livdiagnosticlab@mt.gov

Collection Date: 7-15-14
Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS VS
ADDRESS:
CITY/STATE/ZIP: CORWIN SPRINGS, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQFS-GonaCon - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): P. Dean Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP:
RESULT REPORTING OPTIONS: PHONE / FAX / EMAIL
NUMBER OR EMAIL ADDRESS: R. Clarke, B. Fray, Jack Ryan

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	EHD	PTB	IBR	BVD	BLV	LEPTOSPIROSIS	OTHER
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.									8 - SEROVARS	
1	Grn 27	Ad	Fe	Bison	N/A	Neg	N	N	N ₂₅ /+50	N	N	0.3			
2	Grn 30								N ₂₅ /+50			0.2			
3	Grn 26								N ₂₅ /+100			0.7			
4	Grn 25								N ₂₅ /+50			~0.3			
5	Grn 21								N ₂₅ /+50			0.0			
6	Grn 24								N ₂₅			0.8			
7	Grn 22								N ₂₅ /+100			~0.8			
8	Grn 23								N ₂₅ /+50			1.4			
9	Grn 20								+50			7.1			
10	BIATW 3758					R	P ₂₅		N ₂₅ /+100	4:20		8.2			
R → Deceptor						Samples	10	10	10	10	10	10			
Laboratory Comments:						Seropositive	1								
						Suspect									
						Seronegative	9								
						Undetermined									
						Tested By	7/25/14								

Please Do BAPA, CF
RIV, Cord, FPA
* See attach report for final diagnosis per DBE.

Released 7/25/14

FEE:

DATE RECEIVED:

7/15/14

CASE #

9-26-15-10
8-45-15

The MVDL is an accredited AAVLD laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

1/28

Species: Bison
County: Park

MONTANA VETERINARY DIAGNOSTIC LABORATORY

Box 997 - Bozeman, MT 59771

Phone (406) 994 - 4885 Fax (406) 994 - 6344

Email: livdiagnosticlab@mt.gov

Collection Date: 10/30/14
Page 1 of 1

SEROLOGY REPORT (SV2A) - Complete Light Shaded Areas Only (SEE EXAMPLE and KEY on back Page 4)

OWNER: USDA, APHIS, VS
ADDRESS:
CITY/STATE/ZIP: COTWIN SPRINGS, MT
REASON FOR TEST - MANDATORY INFORMATION (See Key)
BQ FS - Gona Con - Cattle Health

SUBMITTER'S SIGNATURE: [Signature]
SUBMITTER'S NAME (PRINT): P. Ryan Clarke
ADDRESS: (b) (6)
CITY/STATE/ZIP:
RESULT REPORTING OPTIONS: PHONE / FAX
NUMBER OR EMAIL ADDRESS: J. Rhym, B. Frey, R. Clarke

CIRCLE DISEASE TEST REQUIRED: If needed, indicate specific test and/or dilution. Example on back.						BRU	BT	ANA	EHD	PTB	IBR	BVD	BLV	LEPTOSPIROSIS	OTHER
TUBE NO.	ANIMAL IDENTIFICATION	AGE	SEX	BREED	OFFICIAL VAC.	Final classif.	Brucella FPA	Brucella BAPA	Brucella CF	Brucella Card				8 - SEROVAR	
1	B1 AJW 3758	Ad	Fe	Bison		Neg	Neg	N	Neg	N					
2	Gr 20						Neg		Neg						
3	Gr 22						Neg		Neg						
4	Gr 23						Neg		Neg						
5	Gr 26						Neg		Neg						
6	Gr 27						Neg		Neg						
7	Gr 30						Neg		Neg						
Samples						7	7	7	7	7					
Seropositive															
Suspect															
Seronegative						7			CF						
Undetermined									(1:10)						
Tested By						11-10-14			11-10-14						

Laboratory Comments:

Please do FPA, CF
BAPA, Card, ~~CF~~

Released 11-10-14

FEE:

DATE RECEIVED: 10-31-14

CASE # 8-239-15

The MVDL is an accredited AAVLD laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the MVDL. In addition, at no additional expense to our clients, specimens submitted to the MVDL may be subjected to additional testing upon the order of the state or federal animal health officials, or whenever a Foreign Animal Disease is suspected, or in support of surveillance for other animal disease. Serology SV-2A (Rev. 11/09)

Title

Association of *pasteurella haemolytica* with bovine abortion - a case report.

Authors

Rajesh Chahota; Katoch, R. C.; Arvind Mahajan; Subhash Verma

Author Affiliation

Department of Veterinary Microbiology, Himachal Pradesh Krishi Vishvavidyalaya, Palampur, Himachal Pradesh - 176062, India.

Journal

Indian Veterinary Journal 2000 Vol. 77 No. 9 pp. 807-808

ISSN

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20003023400

[Email this record](#)

Abstract

The necropsy examination of the fetus of a bovine that had a sudden commencement of abortion at 6 months of pregnancy is presented [Himachal Pradesh, India; date not given]. Serosanguinous fluid was observed in the peritoneal, thoracic and pericardial cavities, while the myocardium was severely congested. *P. haemolytica* was isolated from peritoneal and pericardial fluids, heart, blood and spleen, while *Streptococcus uberis* was isolated from the peritoneal and pericardial fluids, heart, blood, spleen and stomach contents. *S. uberis*, which is a normal inhabitant of vaginal tract and bovine mastitis, may have gained access to the fetus via relaxed cervix or when the fetus would have passed through the vaginal tract

DATE BLED: 6/9/15

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: 6-9-15

SPECIES: Bison

COUNTY: Park

PAGE 1 OF PAGES 2

OWNER: Bison Quarantine Facility - Gonacon

ADDRESS: Higher

ZIP: Colwyn Springs

SUBMITTED BY: Becky Frey

ADDRESS: PO Box 165

ZIP: Emigron MT 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												

Please do FPA, CF, BAPA & Card.

email: Patrick Rym Clarke & Rebecca Frey

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OWNER Bison Curator Inc - Gonaheim
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DATE 6/9/15 PAGE 2 OF 2

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

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1	Red 01	AD	F	Bison	N/A	Finax	Bruc	Bruc	Bruc	Bruc	FPA	mp values	
2	Red 04					X	Bapa	CARD	CF (1:10)	FPA			
3	Red 05					Sus.	Neg	Neg	Neg	Susp	19.8 mP		- (Suspect)
4	Red 11					Reactor	Neg	Neg	Neg	Pos	47.6 mP		
5	Red 19					Neg	Neg	Neg	Neg	Neg	-2.3 mP		
6	Red 27					Neg	Neg	Neg	Neg	Neg	8.9 mP		
7	Red 28					Reactor	Pos	Pos	Neg	Pos	181.9 mP		
8	Red 29					Reactor	Pos	Pos	Neg	Pos	159.3 mP		
9	Red 31					Reactor	Pos	Pos	3+ (1:10)	Pos	119.6 mP		
10	3603	2Y	F			Reactor	Pos	Neg	Neg	Pos	24.9 mP		
						Neg	Neg	Neg	Neg	Neg	-0.6 mP		
						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						ap							

attached documentation from NAD

Please do FPA, CF, BAPA & Card.

email: Patrick Rym Clarke & Rebecca. Fry

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 Please do FPA, CF, BAPA & Card.

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

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2	Red 04					Neg	Neg	Neg	Neg	Neg	Neg	Neg	
3	Red 05					Neg	Neg	Neg	Neg	Neg	Neg	Neg	
4	Red 11					Neg	Neg	Neg	Neg	Neg	Neg	Neg	
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						ap							

attached documentation from Mrs. [unclear]

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OWNER Bison Curator Inc - Gonaheim
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DATE 6/9/15 PAGE 2 OF 2

[illegible]

BANGLE TAG	EARTAG	BACKT	DATE Rec'vd	Sero-stat	Age/DOB	SEX	Gonacon	BLED
Green 01	YNP930740	81VJ65	4/5/2011	NEG	2, 2010	F	N	N
Green 02	YNP930702	81VJ64	3/10/2011	NEG	2, 2010	F	N	Y
Green 03	YNP930731	81VJ65	4/5/2011	NEG	2, 2010	F	N	Y
Green 04	YNP930625	81VJ64	3/8/2011	NEG	3, 2009	F	N	Y
Green 05	YNP930696	81VJ64	3/10/2011	?	2, 2010	F		Y
Green 06	YNP930754	81VJ65	4/5/2011	NEG	2, 2010	F	N	Y
Green 07	YNP930638	81HL60	3/8/2011	NEG	2, 2010	F	N	N
Green 08	YNP930648	81HL60	3/8/2011	NEG	3, 2009	F	N	Y
Green 09	YNP930755	81VJ65	4/5/2011	NEG	2, 2010	F	N	Y
Green 10	YNP930626	81VJ64	3/8/2011	NEG	3, 2009	F	N	Y
Green 11	YNP930675	81VJ64	3/10/2011	NEG	3, 2009	F	N	N
Green 12	YNP930670	81VJ64	3/10/2011	NEG	2, 2010	F	N	N
Green 13	81AJW3732		4/26/2011	NEG	1, 2011	F	N	N
Green 14	YNP930725	81VJ65	3/10/2011	NEG	3, 2009	F	N	Y
Green 15	YNP930634	81HL60	3/8/2011	NEG	2, 2010	F	N	Y
Green 16	81AJW3751		4/26/2011	NEG	1, 2010	F	N	N
Green 17	YNP930627	81VJ64	3/8/2011	NEG	3, 2009	F	N	Y
Green 18	YNP930631	81VJ64	3/8/2011	?	2, 2010	F		Y
Red 01	YNP930472		4/26/2011	POS	2, 2010	F	Y	Y
Red 02	YNP930705	81VJ64	3/10/2011	SUS	2, 2010	F	Y	Y
Red 03	YNP930689	81VJ64	3/10/2011	POS	3, 2009	F	N	Y
Red 04	YNP930759	6048	5/23/2011	POS	3, 2009	F	Y	Y
Red 05	YNP930697	81VJ64	3/10/2011	POS	2, 2010	F	Y	Y
Red 06	YNP930287		4/26/2011	POS	2, 2010	F	N	Y
Red 07	YNP930773	8536	5/23/2011	POS	3, 2009	F	N	Y
Red 08	YNP930761	6050	5/23/2011	POS	3, 2009	F	N	Y
Red 09	YNP930760	6049	5/23/2011	POS	1, 2011	F	N	Y
Red 10	YNP930502		4/26/2011	?	2, 2010	F		Y
Red 11	YNP930777	8541	5/23/2011	POS	2, 2010	F	Y	Y
Red 12	YNP930765	8528	5/23/2011	?	2, 2010	F		Y
Red 13	YNP930737	81VJ65	4/26/2011	POS	2, 2010	F	N	Y
Red 14	YNP930150		4/26/2011	POS	2, 2010	F	Y	Y
Red 15	YNP930706	81VJ64	3/10/2011	POS	2, 2010	F	N	Y
Red 16	YNP930684	81VJ64	3/10/2011	POS	2, 2010	F	N	Y
Red 17	YNP930588		4/26/2011	POS	2, 2010	F	N	Y
Red 18	YNP930776	8540	5/23/2011	POS	3, 2009	F	N	Y
Red 19	YNP930762	8523	5/23/2011	POS	2, 2010	F	Y	Y
Red 20	YNP930678	81VJ64	3/10/2011	POS	3, 2009	F	Y	Y
Red 21	YNP930763	8526	5/23/2011	POS	3, 2009	F	N	Y
Red 22	YNP930673	81VJ64	3/10/2011	POS	3, 2009	F	N	Y
Red 23	YNP930667	81VJ64	3/10/2011	POS	3, 2009	F	Y	Y
Red 24	YNP930636		4/26/2011	POS	3, 2009	F	Y	Y
Red 25	YNP930778	8542	5/23/2011	POS	3, 2009	F	N	Y
Red 26	YNP930202		4/26/2011	POS	3, 2009	F	Y	Y
Red 27	YNP930454		4/26/2011	POS	3, 2009	F	Y	Y
Red 28	YNP930575		4/26/2011	POS	3, 2009	F	Y	Y

Red 29	YNP930406	4/26/2011 POS	3, 2009	F	Y	Y
Red 30	YNP930568	4/26/2011 POS	2, 2010	F	N	Y

OLD EARTAG	Datechngd	Disposition	Deworm
		Xtra	
		(b)(3)	
		????	
		(b)(3)	
		Xtra	
		SNS	
		SNS	
		SNS	
		Xtra-Calved	
		Xtra	
		Xtra-calf of Grn 11	
		SNS	
		SNS	
		Xtra	
		(b)(3)	
		???	
		(b)(3)	
		SNS	
		(b)(3)	
		SNS	
		SNS	
		SNS	
		SNS	
		????	
		(b)(3)	
		????	
		SNS	Warts
		(b)(3)	
		SNS	
		SNS	
		SNS	
		SNS	
		(b)(3)	
		SNS	
		SNS	
		(b)(3)	
		SNS	
		(b)(3)	

(b)(3)

SNS