



Maryland Department of Agriculture Johne's Testing Form



Test Requested – Sample Type:

- ELISA - Serum
 RT-PCR - Feces

Species:

- Bovine, Dairy
 Bovine, Beef
 Caprine
 Other _____

Reason for Test:

- Clinical Suspect
 Johne's Program Herd Test: ID _____
 Follow-up Positive ELISA test
 Other _____

Date Collected: _____

Complete herd test? Yes # of Samples: _____
 No

ARE ANIMALS LOCATED IN THE STATE OF MARYLAND (Circle One)? YES NO

Owner: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone: _____ Fax: _____	Vet/Clinic: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone: _____ Fax: _____ Vet Signature: _____
Report Distribution: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> US Mail <input type="checkbox"/> No Report	Report Distribution: <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> US Mail <input type="checkbox"/> No Report

Tube #	Animal ID	Breed	Age	Sex	Tube #	Animal ID	Breed	Age	Sex
1					6				
2					7				
3					8				
4					9				
5					10				

History/ Clinical Signs:

Tube #	Animal ID	Breed	Age	Sex	Tube #	Animal ID	Breed	Age	Sex
___1					___6				
___2					___7				
___3					___8				
___4					___9				
___5					___0				
___6					___1				
___7					___2				
___8					___3				
___9					___4				
___0					___5				
___1					___6				
___2					___7				
___3					___8				
___4					___9				
___5					___0				
___6					___1				
___7					___2				
___8					___3				
___9					___4				
___0					___5				
___1					___6				
___2					___7				
___3					___8				
___4					___9				
___5					___0				