

# 2004 Johne's Fecal Check Test Reporting Form

Director of lab: \_\_\_\_\_  
Contact person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please verify the above information and make any corrections necessary.

Return this test result form by **September 1, 2004**, to:

Dr. Janet B. Payeur  
Head, Mycobacteria and Brucella Section  
USDA, APHIS, VS, NVSL  
1800 Dayton Avenue  
Ames, IA 50010

E-mail: Janet.B.Payeur@aphis.usda.gov  
Fax: 515-663-7315  
Phone: 515-663-7676

Kit number received: \_\_\_\_\_ Date kit received: \_\_\_\_\_  
Condition of samples when they arrived. Satisfactory\_\_\_\_\_, Unsatisfactory\_\_\_\_\_.  
If unsatisfactory, please explain. \_\_\_\_\_

A copy of a recommended culture procedure which was presented at the 1999 Johne's Culture Techniques Workshop is enclosed (PA single centrifugation method). If a more detailed version is needed, please let me know and it can be mailed or faxed to you.

How many Johne's Disease fecal tests does your lab perform each year? \_\_\_\_\_  
What is your test capacity? \_\_\_\_\_

Did you confirm isolate with PCR/DNA Probe? Yes/No \_\_\_\_\_  
If yes, was it commercially available or produced in-house? \_\_\_\_\_  
**IDEXX DNA Probe Kit Serial #** \_\_\_\_\_ **Expiration date** \_\_\_\_\_

Did you submit 12 tubes of media for evaluation? Yes/No \_\_\_\_\_  
If yes, was it commercially made or produced in-house? \_\_\_\_\_  
**Commercial company and lot number & expiration date** \_\_\_\_\_

**DO NOT SEND IN TUBES OF BD MEDIA. SEND ME YOUR LOT NUMBER AND EXPIRATION DATE.**

**Culture method used.** Centrifugation: NY\_\_\_\_; IA\_\_\_\_; PA\_\_\_\_; Sedimentation: IA\_\_\_\_;  
WI\_\_\_\_; Liquid: Bactec 460\_\_\_\_; ESP\_\_\_\_; MGIT 960\_\_\_\_; Other \_\_\_\_\_  
Has it changed from last year? \_\_\_\_\_ If so, please submit current protocol. If trying more than 1 method, please submit results of all methods for comparison.

Kit # \_\_\_\_\_

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Sample #	Colonies/tube or Days to positive					Culture Result		PCR Result			
	With mycobactin J			No MJ		Pos.	Neg.	Direct Feces		Isolate Confirm	
Tube #	1	2	3	4	5			Pos.	Neg.	Pos.	Neg.
1.	___	___	___	___	___	___	___	___	___	___	___
2.	___	___	___	___	___	___	___	___	___	___	___
3.	___	___	___	___	___	___	___	___	___	___	___
4.	___	___	___	___	___	___	___	___	___	___	___
5.	___	___	___	___	___	___	___	___	___	___	___
6.	___	___	___	___	___	___	___	___	___	___	___
7.	___	___	___	___	___	___	___	___	___	___	___
8.	___	___	___	___	___	___	___	___	___	___	___
9.	___	___	___	___	___	___	___	___	___	___	___
10.	___	___	___	___	___	___	___	___	___	___	___
11.	___	___	___	___	___	___	___	___	___	___	___
12.	___	___	___	___	___	___	___	___	___	___	___
13.	___	___	___	___	___	___	___	___	___	___	___
14.	___	___	___	___	___	___	___	___	___	___	___
15.	___	___	___	___	___	___	___	___	___	___	___
16.	___	___	___	___	___	___	___	___	___	___	___
17.	___	___	___	___	___	___	___	___	___	___	___
18.	___	___	___	___	___	___	___	___	___	___	___
19.	___	___	___	___	___	___	___	___	___	___	___
20.	___	___	___	___	___	___	___	___	___	___	___
21.	___	___	___	___	___	___	___	___	___	___	___
22.	___	___	___	___	___	___	___	___	___	___	___
23.	___	___	___	___	___	___	___	___	___	___	___
24.	___	___	___	___	___	___	___	___	___	___	___
25.	___	___	___	___	___	___	___	___	___	___	___

We the undersigned, recognizing that some special handling may be required due to the nature of proficiency testing material, have as closely as is practical, performed the analyses on these specimens in the same manner as regular patient specimens.

Director (or Designee) \_\_\_\_\_(signature)

\_\_\_\_\_ (print)

Fax results: Dr. Janet Payeur 515-663-7315 or email to [Janet.B.Payeur@aphis.usda.gov](mailto:Janet.B.Payeur@aphis.usda.gov)  
by **September 1, 2004**

Mail results: Dr. Janet Payeur, USDA, NVSL, 1800 Dayton Ave. Ames, IA 50010