

## Tuberculin Declaration of Use Form

**Company/Account Name****Department****Contact Details**

First Name	Surname	Title / Position
Primary Contact Phone Number	Primary Email Address	

**Declaration of use:**

I am a registered veterinarian:

 Yes  No Registration number: \_\_\_\_\_

I plan to purchase the following products from AsureQuality Diagnostics:

Please tick all that apply

 Avian Tuberculin PPD  Bovine Tuberculin PPD  *in vitro* Veterinary DiagnosticsI use Observe Avian/Bovine Tuberculin PPD for *in vivo* diagnostics in:

Please tick all that apply

 Cattle  Primates Other: (Please specify) \_\_\_\_\_I use Observe Avian/Bovine Tuberculin PPD for *in vivo* diagnostics in:

Please tick all that apply

 Pre-Export Testing  Routine Diagnostics Other: (Please Specify) \_\_\_\_\_

I have approval for the use of Observe Tuberculin PPD from the following authorities:

Please tick all that apply

 Chief Veterinary Officer  Delegated State Veterinary Officer AQIS approved facilities/feedlots (QLD animal exports) Other: (Please Specify) \_\_\_\_\_

I follow the directions for use included with the Observe Avian/Bovine Tuberculin:

 Yes  No

I am aware of the conditions of use of Observe Avian/Bovine Tuberculin PPD supplied by AsureQuality Diagnostics:

Please tick all that apply

 Yes  No Registration number: \_\_\_\_\_

I understand and agree that I will only be using Tuberculin as approved by the APVMA.

Registered Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_