



# **DEER TB TESTER GUIDELINES**

## **ISSUE 1**

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## 1. INTRODUCTION

- 1.1. The Deer TB Tester Guidelines are aimed at providing direction on various aspects of the primary and ancillary TB testing processes for deer.
- 1.2. Unlike cattle, the deer industry's decision not to have a centrally funded bovine tuberculosis (TB) Scheme, enables deer herd owners to be responsible for organising TB testing for their eligible deer. They are also responsible for paying for all skin and ancillary blood tests, except in certain circumstances where refunds may be available as described later in this document (Section 11).
- 1.3. TB testing of deer can only be carried out by those who are accredited to do so by the MAF Chief Technical Officer and whose accreditation is current. Testers are reminded they must not TB test scheme eligible cattle if they are not employed by the cattle Testing Organisation (TO) contracted to the Animal Health Board (AHB) for the area.
- 1.4. Disease Control Areas (DCA) are reviewed on an annual basis and implemented on 1 March with changes to boundary, test frequency and stock to test. Updated maps will be sent to testers in February each year.
- 1.5. The District Disease Control Manager (DDCM) responsible to your area (Appendix A) should be contacted for all technical queries.
- 1.6. Deer TB testing records are held and managed in the Animal Health Board (AHB) Disease Information Management System (DMIS) and the Reactor Tag Register. Testers can access information in DMIS but must not attempt to enter data or amend displayed detail. This can be achieved by contacting the AHB Contact Centre (AHB CC).
- 1.7. For deer TB scheme management and administration queries please contact the AHB CC on:

Animal Health Board  
Level 9, Guardian Trust House  
15 Willeston Street  
PO Box 3412  
Wellington 6140  
Tel 0800 4 TB INFO (0800 482 4636)  
Fax: 0800 4 TB FAX (0800 482 329)  
Email: [info@ahb.org.nz](mailto:info@ahb.org.nz)

- 1.8. Testers who work in a company with more than one deer tester must supply the AHB with a common 'key administration contact'. This person will be able to access the DMIS dashboard and view all allocated deer tests for all the testers within the

company. The key administration contact will receive all AHB deer test allocations and communications to their email address.

- 1.9. Testers must notify the AHB if they change employers and plan to continue TB testing.
- 1.10. Testers must operate in a safe manner and follow their employers Health & Safety policies at all times.

## **2. TB TEST ALLOCATIONS**

- 2.1. Testers must not attempt to allocate tests in DMIS.
- 2.2. The AHB will manage all allocations for deer testing by writing to the person in charge of the herd (Appendix B) 30 days prior to the due date for their herds TB test. The letter will ask them to contact the AHB on the free phone number (0800 4 TB INFO). If the person in charge of the herd does not make contact, the AHB will phone them to schedule a test and case the herd.
- 2.3. When contact is made with the person in charge of the herd the AHB will ask which accredited deer tester they would like to complete the pending test. If the person in charge of the herd cannot remember the testers name the AHB will provide names of testers who have completed previous herd tests for the herd.
- 2.4. The AHB will then allocate the test to the preferred tester and send a task to the testers DMIS dashboard and email the Skin Test Allocation form (Appendix C) to the key administration contact.
- 2.5. The AHB will inform the person in charge of the herd to expect a call from the tester to arrange a suitable appointment time. The appointment should be arranged within 7 days of receiving the Skin Test Allocation form.
- 2.6. If the person in charge of the herd contacts the Tester directly and asks for a TB test to be scheduled the tester should either refer them to the AHB CC or call the AHB CC on their behalf to organize a test allocation.
- 2.7. The Skin Test Allocation form must be printed prior to the visit and used by the tester to record test data on-farm. The form with test results recorded on it must be scanned and emailed or faxed to the AHB CC within 5 working days if the test is negative. If the test is positive the form with the Test-Positive Profile form (TPP) (Appendix D) and Reactor Tag Profile form (RTP) (Appendix E) must be scanned and emailed or faxed to the AHB within 24 hours.
- 2.8. If the original Skin Test Allocation form gets lost and/or email deleted please contact the AHB CC so another copy can be sent.
- 2.9. The tester must check that details of the farm, herd and person(s) shown on test allocation forms are correct and if not, note any corrections clearly on the form.

### **3. ON-FARM COMMUNICATION**

- 3.1. The tester is required to be able to communicate with the person in charge of the herd on a variety of different aspects of the TB testing scheme for deer
- 3.2. The tester is to update the awareness of the person in charge of the herd of the National Pest Management Strategy (NPMS) by conveying general information about the TB scheme. Helpful information can be obtained from the AHB website ([www.tbfree.org.nz](http://www.tbfree.org.nz)).
- 3.3. The tester must notify the person in charge of the herd of the result of the TB skin test and the recommended TB status for the herd at the time of completion of the test. This is to be done verbally and by leaving a copy of the Test Receipt form (Appendix F) with the person in charge of the herd.
- 3.4. For herds situated in Movement Control Areas (MCA) the tester is to remind the person in charge of the herd of the legal requirements for the movement of deer. The person in charge of the herd is to be advised that they are to book pre-movement tests well in advance of any planned movement of animals. They may book a movement test by calling the AHB CC.
- 3.5. The tester may discuss with the person in charge of the herd the most suitable month for the next whole herd test (WHT). If the person in charge of the herd wishes to change their WHT due date, the tester will advise the person in charge of the herd to call the AHB CC and should be noted on the Skin Test Allocation form. Any change greater than 60 days requires DDCM approval. Alterations to the test due date must be compliant with the testing interval time frames specified in the National Operational Plan (NOP).
- 3.6. Where appropriate, the tester should advise the person in charge of the herd of any movement control or special testing area boundary changes, and associated test frequency and stock to test changes in the general location of the herd.
- 3.7. If the person in charge of the herd asks for blood test results the tester is to refer them to the AHB CC. The AHB CC will call out the blood test results on the Monday or Tuesday following the sample being taken.
- 3.8. The tester must retain a copy of the latest Deer TB Tester Guidelines and NOP in their work vehicle when participating in AHB work and be aware of specifications of their area from the Regional Strategic Plan available on the AHB website [www.ahb.org.nz](http://www.ahb.org.nz).
- 3.9. If the tester has concerns regarding the welfare of animals on a property they should report this to MAF on 0800 327 027
- 3.10. If the tester encounters a communication problem with the person in charge of the herd regarding appointment scheduling and/or abuse, they should contact the AHB Regional Coordinator or the AHB CC for escalation.

## **4. ROUTINE TB TESTS**

- 4.1. A routine herd test can be completed as a Whole Herd Test (WHT) or in a series of Part Whole Herd Tests (P) and a Final Part test. A WHT completed over two consecutive days or more must have separate stages identified as P test episodes and a Final Part Whole Herd Test (F) test episode. Where a test is carried out in parts, a Final Part Herd test must be notified to AHB CC in order to correctly schedule the next herd test.
- 4.2. Due to the constraints of seasonal management issues on deer farms, many WHT are completed in P tests e.g. hinds may be tested late winter/early spring, while the stags are tested in January when the velvet re-growth is cut.
- 4.3. Routine tests, whether conducted as a WHT or a series of P test, must be completed within 180 days of the due date. If not, the herd is considered non-compliant and the herd status will change to Suspended (S). The aim is to have the test completed by 120 days past due date leaving time for compliance action should the person in charge of the herd be delaying the test.
- 4.4. When the Skin Test Allocation form indicates a WHT but it is not possible to complete a within a single day, then the test must be completed in P test episodes until the F test is completed on the herd. When the results for a P test are entered in DMIS, the system will automatically generate another P episode until the F episode is entered.
- 4.5. The tester must check on the Skin Test Allocation form that the test episode is correct. If the test episode has changed, the tester should indicate this by crossing out the test type and replacing it a W, P or F where appropriate.

## **5. SKIN TEST-POSITIVES**

- 5.1. The tester is to give the person in charge of the herd the opportunity to observe the skin test reaction and explain the process the tester has followed to obtain the result.
- 5.2. When identifying a skin test-positive animal, the tester is to fully inform the person in charge of the herd of the resulting process and options for ancillary testing and/or slaughter.
- 5.3. The tester is to insert an orange Reactor Tag into the ear of each skin test-positive animal and inform the person in charge of the herd that Reactor Tag(s) are not to be removed unless directed to do so by a person authorised under the Biosecurity Act 1993. This will usually be done verbally and then confirmed by a letter from the AHB CC following the negative blood results being entered into DMIS. This letter is the formal / official notification that the animal is no longer considered suspect for bovine TB.

- 5.4. Reactors tags are obtained from the AHB CC and a sufficient amount should be taken with the tester prior to the skin test visit. The tester should allow two weeks for the tag order to arrive.
- 5.5. The tester is to complete a TPP form by asking the person in charge of the herd questions listed on the TPP form and complete the RTP form listing individual skin test-positive details. These forms must be faxed or emailed to the AHB CC within 24 hours of a skin test-positive being found, along with the completed Skin Test Allocation form.
- 5.6. The TPP and RTP forms are available as a pad and in the blank forms folder in DMIS. Replacement pads can be sourced from the AHB CC. Both forms must be fully completed and signed before leaving the property and the person in charge of the herd must be left a copy of the TPP, RTP and Test Receipt forms.
- 5.7. Reactor Tag details must be recorded clearly and accurately. A typical reactor tag is 2 digits followed by another 5 digits. These must be record using a '/' between the year abbreviation and the unique individual number e.g. 09/12345
- 5.8. On the TPP the tester makes a recommendation for the next course of action according to NOP. This is also recorded on the Test Receipt form.
- 5.9. The tester must inform the person in charge of the herd that the skin test-positive animals are not to be moved from the property without a Permit-to-Move. If the animals are to be moved the person in charge of the herd must first obtain a Permit-to-Move from the AHB CC.
- 5.10. The person in charge of the herd has the option of slaughtering the skin test-positive animal instead of ancillary testing.
- 5.11. If the person in charge of the herd has informed the tester they intend to slaughter these animals (i.e. without waiting for the ancillary test), they must be advised to contact the AHB CC to confirm this and organise either a Permit-to-Move (off-farm slaughter) or a Post Mortem (on-farm slaughter). The tester should mark 'voluntary slaughter' on the Skin Test Allocation and TPP forms.
- 5.12. If a skin test-positive animal dies unexpectedly before ancillary testing can be carried out the AHB CC must be notified immediately. It is important where possible that a post-mortem is completed.

## **6. ANCILLARY TESTING**

- 6.1. Ancillary testing must be conducted between 10 and 30 days after the skin test read day (13-33 days after the skin test inject day).
- 6.2. Once the Skin Test Allocation, TPP and RTP have been completed and emailed or faxed to the AHB, a Blood Test Allocation form (Appendix G) will be emailed to the tester. The tester must not attempt to allocate or enter blood test information in DMIS.

- 6.3. The Blood Test Allocation form must be completed and faxed or emailed to the AHB CC after blood collection. It is important that the tester submits the completed Blood Test Allocation form before blood test results are returned. If the Blood Test Allocation form is not returned to the AHB then the blood test results cannot be entered in DMIS and test results will not be called out.
- 6.4. Skin test-positive deer may have either a Comparative Cervical Test (CCT) or IgG1 ELISA Test (ETB) with a standard or modified interpretation, as an ancillary test. Specifications for the use of these tests are included in the NOP Section 2, Approved TB Tests. Please note that BTB tests are no longer valid.
- 6.5. The AHB requires that the first three deer that react to a skin test have an ancillary ETB, which the AHB will refund the cost to the owner of the herd.
- 6.6. If the person in charge of the herd wishes to use the CCT as an alternative to the ETB then the tester must note this detail on the TPP form. All other tests over and above the first three ETBs (including all CCTs) are to be paid for by the herd owner.
- 6.7. Once the tester has completed the TPP with the recommended ancillary test type and returned the form to the AHB, the DDCM will review it before approving the test type and/or confirming whether more than one ancillary type is required. If the DDCM requires a different ancillary test type than the one recommended by the tester and/or requires a mix of test types this detail will be displayed on the Blood Test Allocation form and the tester will be notified directly by the DDCM.
- 6.8. Blood must be collected using the correct techniques documented in the NOP Policy 2 and the TB Tester Training Manual and submitted to the laboratory within 24 hours of collection.
- 6.9. The tester must ensure each sample of blood is correctly identified by recording the Reactor Tag number clearly and legibly on the sample tube label with the following specification:
  - 6.9.1. Write on the paper label on the side of the tube writing top to bottom on the label.
  - 6.9.2. Do not write on the red top as the laboratory uses this for labelling.
  - 6.9.3. Do not write on the clear plastic, especially in red pen.
  - 6.9.4. Underline the numbers that read differently if inverted, e.g. 6 & 9, 18, and 801 & 108
  - 6.9.5. When using racks place the bloods in the rack in the same order as they are written on the submission form.
- 6.10. Materials that are required for the submission of blood samples for IgG1 ELISA (ETB) Testing:
  - 6.10.1. Blood samples collected into 10ml red topped vacutainer plastic tubes.



- 6.10.2. The Disease Research Laboratory IgG1 ELISA (ETB) Submission form (Appendix H)
  - 6.10.3. Suitably sized leak proof box (preferred by laboratory) or small plastic bags.
  - 6.10.4. Bubble wrap.
  - 6.10.5. Courier bags.
  - 6.10.6. Courier bag labels displaying “URGENT” or “PRIORITY” and “Routine Diagnostic Specimens”.
- 6.11. Procedures that are required for the submission of blood samples for IgG1 ELISA (ETB) Testing;
- 6.11.1. The vacutainer tubes are to be placed in the leak proof plastic bags and wrapped in bubble wrap prior to being put into a leak proof box and/or courier bag.
  - 6.11.2. Disease Research Laboratory (DRL) Submission form (Appendix F) for each herd from which blood samples are collected is to be completed and enclosed in the courier bag.
  - 6.11.3. The leak proof box and/or courier bag is to be securely closed, labels attached and addressed to:

Disease Research Laboratory  
4<sup>th</sup> Floor (414), Microbiology Department  
University of Otago  
720 Cumberland Street  
Dunedin
- 6.12. The tester must notify DRL prior to blood sample submission.
- 6.13. Blood samples must be submitted to DRL on either, Monday, Tuesday or Wednesday so results can be returned as soon as possible. If blood samples are submitted outside these intake days they will be processed with the following week's samples. The tester should be aware of public holidays that could effect these submission days and schedule blood sampling accordingly.

## **7. ANCILLARY TEST RESULTS**

- 7.1. Blood samples will be subject to a standard or modified interpretation. The DDCM will decide which interpretation will be used based on information provided on the TPP, current policy as detailed in the Regional Plan and disease risk factors in the area surrounding the herd.
- 7.2. The AHB will call out blood test results to the person in charge of the herd and email the results to the tester on the Monday following the collection of the samples.

- 7.3. The tester must not contact DRL seeking the blood test results as the DDCM will not have confirmed the result.
- 7.4. If the ancillary test results are negative the AHB will send out written permission for the removal of reactor tags with a declaration that the person in charge of the herd must sign and return to the AHB. The person in charge of the herd will be made aware that:
  - 7.4.1. It is important that all reactor tags are removed from test-negative animals.
  - 7.4.2. Confirmed test-negative animals must not leave the property with the reactor tags in place.
  - 7.4.3. Should such animals enter a processing plant displaying reactor tags the owner may be financially penalised or the animals rejected.
- 7.5. The AHB will manage the Reactor Tag Register and tag recovery process.
- 7.6. If the ancillary test results are positive the AHB will send out a letter stating that it is compulsory to slaughter test-positive animals within 30 days of being notified of the results (unless they have approval from the AHB to delay slaughter) and that the herd owner must meet all associated costs. Reimbursement for some costs may apply to infected herds.
- 7.7. The person in charge of the herd must choose whether to slaughter test-positive animal(s) on-farm or off-farm and then notify the AHB CC of their decision.
- 7.8. If the person in charge of the herd decides to slaughter on-farm they must:
  - 7.8.1. Arrange a post-mortem to be carried out by a registered and experienced veterinarian or an AHB approved person.
  - 7.8.2. Arrange the post-mortem to be conducted at the time of slaughter.
  - 7.8.3. Correctly dispose of waste material, including the head, as directed by the person conducting the post-mortem.
    - 7.8.3.1. If the carcass is considered unfit for human consumption, it is to be disposed of in an approved manner i.e. burned or buried so it is inaccessible to animals and wildlife.
- 7.9. If the person in charge of the herd decides to slaughter off-farm they must;
  - 7.9.1. Arrange the transport and slaughter of the reactors.
  - 7.9.2. Notify the slaughter premises in advance the animals are reactors prior to movement.
  - 7.9.3. Obtain a Permit-to-Move from the AHB once arrangements for a slaughter premise, date and time is confirmed
  - 7.9.4. Paint a stripe down reactors back and ensure they display either a primary or direct-to-slaughter tag along with the reactor tag.

7.9.5. Move the animals with a completed ASD.

## **8. ON-FARM POST MORTEMS**

- 8.1. If on-farm slaughter has been requested by the person in charge of the herd, the tester must inform the person in charge of the herd that all costs associated with the post-mortem are to be paid by the herd owner. The person in charge of the herd must be reminded that it is their responsibility to arrange for the slaughter of the animal(s) in conjunction with the AHB CC.
- 8.2. Post-mortem of reactor deer on-farm can only be undertaken by a registered veterinary surgeon with experience in this field, or by an approved technician with experience in the post-mortem of deer.
- 8.3. Slaughter of reactors must occur within 30 days of being designated a reactor.
- 8.4. Post-mortems must be carried out in accordance with protocols for critical post-mortem for TB in deer.
- 8.5. A TB Surveillance and Submission form (TBS&S) (Appendix I) is available in pads from the AHB and must be completed by the person conducting the post-mortem whether suspicious lesions are found or not, and the faxed or emailed to the AHB CC within 24 hours.
- 8.6. Materials that should be collected prior to the conduction of a post-mortem are :
  - 8.6.1. 10% Formalin
  - 8.6.2. Leak proof pottles
  - 8.6.3. Courier bags
  - 8.6.4. TB S&S
  - 8.6.5. Courier bag labels displaying "URGENT" or "PRIORITY" and "Routine Diagnostic Specimens".
- 8.7. If suspicious lesions are found, the following procedure must be followed:
  - 8.7.1. The lesion should be divided into two. One sample is fixed in 10% formalin and the other retained fresh. If the suspicious lesion is too small to divide then the whole lesion must be left intact and submitted as fresh material only to the histology laboratory.
  - 8.7.2. The lesions should be placed in a leak proof sample pottles.
  - 8.7.3. The TBS&S must be completed with the relevant detail and emailed or faxed to the AHB CC within 24 hours.
  - 8.7.4. The AHB CC must be phoned to obtain sample numbers that are to be marked clearly on the pottles before they can be submitted to the laboratory.

- 8.7.5. The leak proof pottles are then placed in a leak proof box and/or courier bag and securely closed then sent to the closest Gribbles Veterinary Pathology Ltd;

57 Sunshine	7 Halkett Street
PO Box 195	PO Box 3866
Hamilton 3240	Christchurch 8140
840 Tremaine Avenue	Block A, Puddle Alley
PO Box 536	Invermay Research Centre
Palmerston North 4440	PO Box 371
	Mosgiel, Dunedin 9053

- 8.7.6. The person in charge of the herd must be informed that lesions have been found and that consequently their herd status may change to Suspended pending the histology result. The DDCM will usually be in contact with them to discuss the matter once the histology results are received but if concerns such as possible stock movements or sale exist, then the herd owner should be advised to contact the DDCM.
- 8.7.7. The DDCM must be notified by phone within 24 hours of samples being sent to the laboratory.
- 8.7.8. The person that has completed the post-mortem must advise the person in charge of the herd of the correct disposal requirements for offal and other waste associated with the procedure.

## **9. TESTING INFECTED HERDS**

- 9.1. When a tester is setting out to test an infected herd, they must first contact the DDCM to discuss the herd testing plan and the up coming test in particular.
- 9.2. All deer herds that are infected require a TB management plan developed by the DDCM in conjunction with the herd owner and tester. The tester should be familiar with what tests are scheduled as part of the plan and what should be done with any test-positive deer.
- 9.3. A herd will remain with an Infected (I) status until either:
- 9.3.1. For herds under test following the slaughter of any reactor animals, the completion of two clear WHT of eligible animals at a minimum interval of six months: or,
  - 9.3.2. The DDCM on a technical basis considers TB is no longer present in the herd.

- 9.4. The tester is to notify the DDCM via fax, phone or email after all skin test episodes have occurred. If there are skin test-positive animals, TPP and RTP forms are required (Section 5).
- 9.5. If animals are to be moved the tester must confirm with the person in charge of the herd that a Permit-to-Move has been requested. The tester must record the movement control tag range so it can be added to the Permit-to-Move by contacting the AHB CC.

## **10. PARALLEL TESTS & TAG RECORDING**

- 10.1. In certain circumstances, the DDCM can call for a parallel blood test.
- 10.2. Animal tag numbers must be recorded clearly on the sample and listed on the DRL Submission form.
- 10.3. Every animal tested must be uniquely identified. If an animal does not have any tags or an existing tag is not clearly legible, a new tag must be inserted in order for the correct blood sample to be associated with the individual. The order of priority for recording tag numbers for a parallel test is as follows:
  - 10.3.1. Reactor tag (if applicable)
  - 10.3.2. Primary tag
  - 10.3.3. Management tag (where a management tag has a same or similar number as another tag color should be recorded). If management tags are used care must be taken to ensure that there aren't duplicates in the list.
- 10.4. The form(s) must be completed fully and submitted with the samples to DRL (address in Section 6) for testing.

## **11. MOVEMENT TESTS FOR INFECTED HERDS**

- 11.1. Only herds with one clear WHT are eligible for movement. However, animals that have been classified as reactors may move directly to a slaughter premise with prior notification to the AHB CC and accompanied by an ASD and a Permit to Move.
- 11.2. The person in charge of the herd will call the AHB CC to request a pre-movement test and a Permit-to-Move for animals moving other than direct to slaughter.
- 11.3. The tester is to insert a (white) movement control tag into the ear of each animal to be moved when a pre-movement test is completed for an Infected herd. Movement Control tags are obtained from the AHB CC and a sufficient amount should be taken with the tester prior to the visit. The tester should allow two weeks for the tag order to arrive.
- 11.4. Movement control tag numbers must be recorded and emailed to the AHB CC as soon as possible so they can be listed on the Permit-to-Move.

- 11.5. The AHB CC will notify the tester if the person in charge of the herd intends to movement test deer as part of a WHT so the tester is aware they will need to take movement control tags with them.
- 11.6. A post-movement test for the herd receiving the movement control tagged deer is referred to as an R test and is scheduled by the AHB CC when the Permit-to-Move is issued. At the same time the receiving herds TB status will be set to Suspended (S) pending the post-movement test (R test)
- 11.7. The R test is scheduled to cover all movement control tagged animals plus all animals that have come in-contact with them.
- 11.8. Once an R test is completed and test results are negative a further WHT (referred to as a post-movement test) will be required for completion 6 months later but the herd status remains as Suspended. If the post-movement test provides a negative result the herd status will change to Clear 1 (C1).

## **12. REFUNDS FOR DEER TB TESTS**

- 12.1. To qualify for the Deer Refund Scheme, a number of qualifying questions must be asked (Appendix J).
- 12.2. Each herd must be registered with the AHB to be eligible for a refund, i.e. have a herd number and provide bank account and GST details to receive an automatic reimbursement. To register, the person in charge of the herd must contact the AHB CC and provide the above details.
- 12.3. Herds that are eligible for a refund of testing costs will not receive the refund until the tester returns the completed Skin Test Allocation form to the AHB CC.
- 12.4. WHT refund:
  - 12.4.1. All herds when located in an annual Special Testing Area (STA) will have the cost of every second WHT reimbursed.
  - 12.4.2. This excludes herds located in Movement Control Areas (MCA) (one yearly testing), STA Biennial Areas (two yearly testing), or Surveillance Areas (three yearly testing).
  - 12.4.3. The refund will be \$2.50 + GST per animal tested.
  - 12.4.4. After the herd owner receives the initial refund for their WHT, the AHB will pay for every second WHT provided the herd remains eligible and registered.
  - 12.4.5. Reimbursement will be made only after the WHT results have been received from the tester and entered into DMIS by the AHB CC.
- 12.5. IgG1 ELISA Blood Tests (ETB) refund:
  - 12.5.1. AHB will help herd owners in all areas of New Zealand with the cost of the ETB for deer that have tested positive in a WHT.

- 12.5.2. Herd owners will be reimbursed for the laboratory costs and administration fee for up to three ETBs per annum.
- 12.5.3. This amounts to about \$60 for the first test (\$30 lab/\$30 admin + GST) and then \$30 + GST for each of the next two.
- 12.5.4. Herd owners pay for costs associated with taking the blood samples and sending them to the laboratory.
- 12.5.5. The reimbursement process will commence only after the WHT results have been entered into DMIS by the AHB CC.

#### 12.6. Infected herds

Financial assistance is available to owners of Infected herds who meet the following requirements:

- 12.6.1. The Infected herd owner must first develop an agreed TB Management Plan with the DDCM before any payment can be made. All Infected herds will require two WHT per year,
  - 12.6.2. If the infection was diagnosed in a slaughtered animal, then the herd owner pays for the next WHT and the AHB will pay for any further testing (whole herd at \$2.50 + GST per animal) all ancillary serial and ancillary parallel test costs including laboratory costs.
  - 12.6.3. If the infection was diagnosed as a result of a routine WHT, the AHB will pay for the next WHT (whole herd at \$2.50 + GST per animal) all ancillary serial and ancillary parallel test costs including laboratory costs.
  - 12.6.4. The herd owner will receive compensation according to the current Schedule for all reactors slaughtered (lesioned and NVL), up to a maximum of 100 reactors per herd per year. For the balance of reactors the herd owner will receive the reactor proceeds. The herd owner will arrange and pay for transport and slaughter charges.
- 12.7. Reimbursement will be made by direct credit to the bank account number supplied for the herd owner and referenced as 'Deer TB Refund'
- 12.8. Reimbursement will be made only when test results are entered by the AHB CC.

## Appendix A – AHB Staff

### District Disease Control Managers (DDCM)

DDCM	Region	Physical Address	Postal Address	Tel	Email
<b>Hugh Black</b>	Northland Auckland	AsureQuality 39 Dyer Street Whangarei	Private Bag 9003 Whangarei	09 430 7216 (p) 09 430 0490 (f) 021 248 2687 (m)	blackh@asurequality.com
<b>Jane Sinclair</b>	North Waikato South Auckland Taranaki	53 Frontier Road RD 6 Te Awamutu	53 Frontier Road RD 6 Te Awamutu	07 871 5398 (p) 07 871 5395 (f) 027 688 4913 (m)	jane.sinclair@xtra.co.nz
<b>Stuart Hutchings</b>	Bay of Plenty South Waikato, Ruapehu district of Northern Manawatu/Wanganui	VetPlus Nukuhau Street Taupo	PO Box 1237 Taupo	07 378 7690 (p) 07 376 5798 (f) 027 478 7901 (m)	stu@vetplus.co.nz
<b>Garth Pannett</b>	Gisborne Hawke's Bay Region Taranaki District	AsureQuality 7 Victoria Street Masterton	PO Box 11 Masterton	06 370 9508 (p) 06 377 0594 (f) 021 752 092 (m)	pannett@asurequality.com
<b>Gillian Atkinson</b>	Wellington Region Southern Ruapehu District Southern Manawatu Wanganui Region	AsureQuality 7 Victoria Street Masterton	PO Box 11 Masterton	06 370 9512 (p) 06 377 0594 (f) 021 529 559 (m)	atkinsong@asurequality.com
<b>Mark Neil</b>	West Coast	Animal Health Board 226 Antigua Street Christchurch 8440	PO Box 8674 Christchurch	03 363 3084 (p) 03 363 3092 (f) 027 437 2320 (m)	neilm@ahb.org.nz



<b>Scott Loeffler</b>	Marlborough Canterbury Nelson /Tasman	Animal Health Board 226 Antigua Street Christchurch 8440	PO Box 8674 Christchurch	03 363 3085 (p) 03 363 3092(f) 027 224 6043 (m)	loefflers@ahb.org.nz
<b>Brent Paterson</b>	Otago, Southland South Canterbury (south of the Rangitata River)	Animal Health Board Level 1, Trevian House 60 – 66,Tennyson Street Dunedin, 9016.	PO Box 5745 Moray Place Dunedin 9058	03 955 5851 (p) To be confirmed (f) 027 444 1712 (m)	patersonb@ahb.org.nz

#### Region Coordinators (RC)

<b>RC</b>	<b>Region</b>	<b>Physical Address</b>	<b>Postal Address</b>	<b>Tel</b>	<b>Email</b>
<b>Frank Pavitt</b>	Northland Auckland Waikato Bay of Plenty	Animal Health Board 85 Church Road Pukete Hamilton 3200	Animal Health Board PO Box 10522 Te Rapa Hamilton 3241	(P) 07 849 8910 (F) 07 847 0496 (M) 027 414 1410	pavittf@tbfree.org.nz
<b>Terry Hynes</b>	Gisborne Hawke's Bay Manawatu Wanganui Ruapehu district of Tararua District Taranaki	Animal Health Board 281 Top Grass Road Rua Roa RD 8 Dannevirke 4978	Animal Health Board 281 Top Grass Road Rua Roa RD 8 Dannevirke 4978	(P) 06 374 6666 (F) 06 374 6656 (M) 027 241 5113	hynest@tbfree.org.nz
<b>Danny Templeman</b>	Tasman Marlborough Canterbury North of Rangitata	Animal Health Board 226 Antigua Street Christchurch 8011	Animal Health Board PO Box 8674 Christchurch 8440	(P) 03 363 3081 (F) 03 363 3092 (M) 027 430 0425	templemand@tbfree.org.nz

RC	Region	Physical Address	Postal Address	Tel	Email
	river West Coast				
<b>Owen Churchman</b>	Canterbury South of Rangitata river Southland Otago	Animal Health Board 43 Tarbert St Alexandra 9320	Animal Health Board PO Box 380 Alexandra 9340	(P) 03 440 2077 (F) 03 448 9099 (M) 027 223 4623	churchmano@tbfree.org.nz

#### Compliance Managers (CM)

CM	Region	Physical Address	Postal Address	Tel	Email
<b>Bill O'Connor</b>	North Island	Animal Health Board 85 Church Road Pukete Hamilton 3200	Animal Health Board PO Box 10522 Te Rapa Hamilton 3241	(P) 07 849 8912 (F) 07 847 0496 (M) 027 246 4227	oconnorb@tbfree.org.nz
<b>Merryn Pugh</b>	South Island	Animal Health Board 226 Antigua Street Christchurch 8011	Animal Health Board PO Box 8674 Christchurch 8440	(P) 03 363 3083 (F) 03 363 3092 (M) 027 414 1443	pughm@tbfree.org.nz

## Appendix B– Pre Test Letter



Date

Address  
Address  
Address  
Address

Level 9  
Guardian Trust House  
15 Willeston Street  
PO Box 3412  
Wellington 6140  
P: 04-472 2858  
F: 04-473 8786  
enquiries@tbfree.org.nz  
www.tbfree.org.nz

AHB herd number:

Dear <name of farmer>

### WHOLE HERD TEST DUE FOR YOUR DEER HERD

This letter is to advise that your deer herd <AHB herd number> is due for a routine bovine tuberculosis (TB) test. Please contact the Animal Health Board Contact Centre as soon as possible to establish if you have eligible stock to test. Our Contact Centre advisors will assist with any necessary arrangements.

Our aim is to ensure that your herd does not become overdue for TB testing. You may receive a call from one of our advisors to follow up on this letter if you have not been in contact with us yourself within the next 30 days.

Please be aware that, as the person in charge of the herd, you are required to provide sufficient facilities and assistance for holding, handling and restraining your deer for testing to be done.

The Contact Centre number is 0800 4 TB INFO (0800 482 4636) and advisors are available to answer your call from 7:30 am to 5:00 pm, Monday to Friday.

Your support and cooperation towards a TB free New Zealand is appreciated.

Please disregard this letter if your test has recently been completed.

Yours sincerely

Animal Health Board  
Authorised Person under the Biosecurity Act 1993

## Appendix C – Skin Test Allocation Form

DEER TB TEST ALLOCATION									
FARM ID	DAIRY #	AHB Herd #	HERD STATUS						
HERD TYPE	FARM/HERD NAME Mountain Road								
HERD OWNER									
TESTING CONTACT									
FARM ADDRESS									
YARDS/FARM									
MCA/STA	TESTING DISTRICT								
DDCM COMMENT									
TCS HK INSTRUCTIONS									
No. STOCK TO TEST	STOCK TYPE		TESTING PROGRAMME						
DATE DUE	GROUP No.		EPISODE		TEST TYPE				
XY COORDINATES REQUIRED? [ NO ]									
COMMENT									
TEST RESULTS									
	DATE	TIME	EPISODE	TEST TYPE	NO. EXAMINED	NO. POSITIVE	NO. RETEST	TESTER CODE	
Insect									
Read									
STOCK DETAILS									
BREEDING STOCK ≥ 2 YEAR		OTHER STOCK ≥ 2 YEARS		RISING 2 YEAR		RISING 1 YEAR		TOTAL	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		
No. TESTED									
No. POSITIVE									
TEST POSITIVE DATA									
REACTOR TAG	FARM TAG	BREED	AGE	SEX	TYPE	BRED BY FARMER	RESULT	ACTION	
HISTORY									
Date	Episode	Group	No. Examined	No. Positive	No. Retest	Herd Status	Years	RPN	

This section is pre-populated with information held in DMIS. If these details are incorrect please note so on the form

If there are skin test positive animals the tester must not complete the 'Test Positive Data' field on the Skin Test Allocation form. Instead the tester must record the reactor tag details on the RTP and in conjunction with the TPP. The Skin Test Allocation form will be changed to reflect this in future.

### Important note:

This form must be returned to the AHB within 24hrs if any skin test positive animals are found and with a **RTP** and **TPP**.

The tester must not wait for the blood test results before returning this form

## Appendix D – Test Positive Profile Form

### Test Positive Profile (TPP)

The Animal Health Board (AHB) and its contractors are authorised under the Biosecurity Act 1993 to collect the information requested on this form for the purposes of monitoring and determining the prevalence of TB in New Zealand. It is mandatory to provide information under the Biosecurity Act. Under the Privacy Act 2014, the AHB is the data controller.

RTP Ref No. \_\_\_\_\_

The TB tester must use the TPP in conjunction with the Reactor Tag Profile (RTP) to list the individual detail of skin test-positive animals.

[www.tbfree.org.nz](http://www.tbfree.org.nz)

**Farm Details**

Herd or Farm Name \_\_\_\_\_

Herd ID \_\_\_\_\_ Test ID \_\_\_\_\_ Species (tick one) ☐ Cattle ☐ Deer

**Stock Details**

	Breeding ≥ 2 yrs		Dry ≥ 2 yrs		All R2 yrs		All R1 yrs		Total
	Male	Female	Male	Female	Male	Female	Male	Female	
No. read									
No. positive									

Location where the skin test is being carried out ☐ Home farm ☐ Run off ☐ Other \_\_\_\_\_

If Other (e.g. grazing), state location \_\_\_\_\_

Have any of the skin test-positive animals grazed off-farm? If yes, state date, period and location  
☐ No ☐ Yes Date: \_\_\_\_\_ Period: \_\_\_\_\_ Location: \_\_\_\_\_

Have any of the skin test-positive animals from this test episode been purchased since the last Whole Herd Test? ☐ No ☐ Yes

Is the person in charge of the herd aware of any of these skin test-positive animals having tested positive to a skin test previously? If so, list the Reactor Tag numbers. \_\_\_\_\_

Deer only: Have any animals been introduced from a herd with status lower than C5 within the past 12 months ☐ No ☐ Yes

Other evidence that might indicate possible reasons for non-specificity  
☐ Housed indoors ☐ Grain/silage feed ☐ Skin TB ☐ John's vac. ☐ Previous non-specificity

Are there any other potential sources of infection, complicating factors (eg impending sales) or other comments? If yes, state below ☐ No ☐ Yes  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDATION (tick one only)** If the recommendation is different for one or more animals this must be noted on the RTP

Cattle ☐ Standard Bovigam ☐ Modified Bovigam ☐ Special Antigen Bovigam ☐ CCT ☐ Slaughter

Deer ☐ IgG1 Elisa (ETB) ☐ Modified ETB ☐ CCT ☐ Slaughter

**RECOMMENDED HERD STATUS** \_\_\_\_\_ The District Disease Control No. recommendation made above other information forthcoming

**DECLARATION**

As the owner/person in charge of the herd, I confirm (to the best of my knowledge) that the answers to the above questions are correct

Signature \_\_\_\_\_

Tester's Name (Please print): \_\_\_\_\_ Company \_\_\_\_\_ Tester ID: \_\_\_\_\_


White copy must be returned for DMIS entry    Yellow copy for person in charge of herd    Page \_\_\_\_ of \_\_\_\_

## Appendix E – Reactor Tag Profile Form

### Reactor Tag Profile (RTP)

The Tester must use the Reactor Tag Profile in conjunction with the Test Positive forms noting the unique reference number and inserting a page number to reflect

This reference number must be recorded on the TPP



www.tbfree.org.nz

Ref. No. **01234**

**Farm Details**

Herd or Farm Name \_\_\_\_\_

Herd ID \_\_\_\_\_ Test ID \_\_\_\_\_ Species (tick one) ☐ Cattle ☐ Deer

**Reactor Tag Data** \*Complete if information is available

	Reactor tag --/----	Farm / MINDA tag	Age	Sex	Bred on Farm? Y/N	* Date on property dd/mm/yy	* Source name, address & Herd No./ Sale etc and/or Individual action recommendation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Sub-Total \_\_\_\_\_


Grand Total \_\_\_\_\_

Tester's Name (Please print) \_\_\_\_\_ Company \_\_\_\_\_ Tester ID \_\_\_\_\_

White copy must be returned for DMIS entry    Yellow copy for person in charge of herd

Page \_\_\_\_ of \_\_\_\_

## Appendix F – Tb Test Receipt

Tb Test Record										
Herd ID		Test date		Recommended herd status		Person in charge / Herd owner name				
RESULTS	Episode type		Test type		Group no		No. tested		Tester name	
		Adult females	Adult males	1st year males	1st year females	2nd year males	2nd year females	Other females	Other males	
	Number tested									
	Positive tests									
POSITIVE RESULTS	Official tag	Farm tag	Breed	Sex	Age	Recommended action				
	<p>If there are skin test positive animals the tester must not complete the 'Positive Results' field on the Tb Test Receipt. Instead the tester must record the reactor tag details on the RTP and in conjunction with the TPP. The Tb Test Receipt will be changed to reflect this in future</p>									
Preferred date for next Whole Herd Test		/ /		Test Declaration: I certify I have tested these animals in accordance with the specifications of the Tb Test Management Strategy. All reactors and cattle awaiting secondary tests have been identified with the official tags. The test has been applied in accordance with section 17 (2) of the Biosecurity (Notified Tuberculosis Test Management Strategy) Order 1998 (or any amending or replacing order).		Owner/Person in Charge of Animals Declaration: As person in charge of the herd I certify that animals were presented for a Quar, final, whole or miscellaneous herd test.				
Tb Test Positive Profile and BCGM Test form(s) completed		/ /		Signed		Signed				
Test Comments – may include any former / herd information that may require updating, comments on yields or any other comments										

## Appendix G – Blood Test Allocation Form

This section is pre-populated with information held in DMIS. If these details are incorrect please note so on the form

### SERIAL BLOOD TEST ALLOCATION

FARM ID	DAIRY <input type="checkbox"/>	AHB Herd <input type="checkbox"/>	HERD STATUS	
HERD TYPE	FARM/HERD NAME			
HERD OWNER				
TESTING CONTACT				N:
FARM ADDRESS	2500 Ormby Road, RD 3, Amberley			R:
YARDS/FARM	Value Unknown			
MCA/STA	Marlborough / Nth Cnty MCA		TESTING DISTRICT	
DDCH COMMENT	Directions to Farm:			
TESTER INSTRUCTIONS				
No. STOCK TO TEST	STOCK TYPE		TESTING PROGRAMME	
DATE DUE	GROUP No.	EPISODE	TEST TYPE	
XY COORDINATES REQUIRED? [ NO ]				

HERD TEST HISTORY							
Date	Episode	Group No.	Test Type	No. Examined	No. Positive	No. Retest	Herd Status
							Years

### TEST RESULTS

Note: Please use Serum post Copoly Tuberculin test samples of all E. coli.

VISIT REASON	DATE AND TIME	EPISODE	GROUP NO.	TEST TYPE	NO. ANIMALS	COMMENT	TESTER NAME	TESTER CODE
Collection Visit								

### REACTOR DATA

Reactor Tag #	AHB/Farm	Age	Sex	Type	Skin Tu	Johnes Evid	Vacc	Label on Sample

COMMENT

This table will list reactor tag numbers that have been collected from the Skin Test Allocation form. The tester must check that all animals are present for the ancillary test.

### Important note:

This form must be returned to the AHB after the blood test as soon as possible so lab results can be entered.

The tester must not wait for the blood test results before returning this form



## Appendix H – DRL Sample Submission Forms



Disease Research Laboratory  
4th Floor (414) Microbiology Department  
University of Otago  
720 Cumberland Street  
Dunedin  
Phone: 03 479 7710 Email: [drd@otago.ac.nz](mailto:drd@otago.ac.nz)

## ETB SAMPLE SUBMISSION FORM

Each herd must have a separate submission forms)

### Laboratory Requirements

Samples should be submitted with information that corresponds with AHB test allocation forms.

into DRL by phone or email prior to sending. Samples must be  
**Tuesday or Wednesday** (excluding public holidays) for the blood  
 e AHB on the **flowing Monday**. If samples are submitted outside of these  
 will not be processed until the following week.

As per the Deer TB Tester Guidelines, One red topped tube must be used in animal. The tube must be labeled clearly identifying animal the sample from the reactor tag, primary tag, secondary tag or other (in order of

Standard and modified interpretations with the applicable type being deer testing questions should be directed to the AHB on 0800 4 TB INFO

Results will be emailed to the tester and phoned out to the person in charge of the herd. The  
not contact DRL seeking results. If you have any general queries regarding the blood  
se contact the AHB on 0800 4 TB INFO (0800 4 824 636)

<b>Herd Owner Details</b> Herd owner: Farm or herd name: Postal Address:		Mobile phone: Home phone: Email: DDCM name:	
<b>Tester Details</b> Tester name: Postal address:			Tester ID Employer Phone: Email:

Invoice to be sent to (tick one): Herd Owner ☐ Tester ☐

Page 1 of 1

## ETB Laboratory Request Form

AHB herd no:                      Test ID:                     

Skin test read date: \_\_\_\_\_ Blood collection date: \_\_\_\_\_

Reactor Tag -- / -- --	(primary, secondary, tertiary)	Sex (M or F)	Skin test result (yes or no)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

It is important to include the AHB herd number when submitting blood samples.

**Tester:** The person in charge of the herd must be reminded of there obligations for reactor tagged animals.

Page \_\_ of \_\_

## Appendix I – TB Surveillance and Submission Form


### TB SURVEILLANCE & SUBMISSION FORM

Use for cattle or deer with suspect Tb lesions and for all Tb Reactors

The collection by the Animal Health Board Inc. or its contractors of the information sought by this form is authorised under the Biosecurity (National Bovine Tuberculosis Pest Management Strategy) Order 1998. The information sought by this form will be held, used and disclosed by the Animal Health Board Inc. or its contractors for the purposes of monitoring and confining the presence or otherwise of bovine tuberculosis, herd composition and herd location. The information may be used for other purposes specified in the Biosecurity Act 1993.

It is mandatory to provide the information sought by this form. Not providing the information sought by this form may be an offence under the Biosecurity Act 1995.

Under the Privacy Act 1993 you have rights to access and request correction of any personal information about you held by the Animal Health Board Inc. Should you wish to exercise these rights please contact the Animal Health Board, PO Box 3412, Wellington.



PO Box 3412, Wellington  
Phone (04) 472-3856 Fax (04) 473-6766

**Submit to:** North Island: Gribbles Veterinary Pathology, 57 Sunshine Ave, Hamilton  
South Island: Gribbles Veterinary Pathology, Ellesmere Junction Rd, Lincoln University, Canterbury

AHB Nominated Person:	Fax
<small>Note – this is the AHB nominated person (District Disease Control Manager) for the area the live animal originated from.</small>	
Sample provider:	Address
Slaughter premise name:	
Any sample provider reference code:	Phone Fax
Animal supplier:	Address
Supplier's AHB herd number:	

Is this an urgent sample requiring phone notification? ☐ Yes ☐ No

Premise No.	Slaughter Date	No. in line	No. with lesions	Species	Slaughter Class
				Cattle	Reactor
				Deer	Non-reactor
				Other	Wild/feral

Carcass No.	1	2	3
AHB ear tag number			
Official Reactor Id			
Sex	Age		
Gross Diagnosis	Typical Tb Squamous Tb No visible lesions		

	Lesion	Sample	Lesion	Sample	Lesion	Sample
Lymph nodes	Retropharyngeal A					
	Mandibular B					
	Parietal C					
	Atlantal D					
	Mediastinal E					
	Tracheo bronchial F					
	Apical G					
	Casual H					
	Apical I					
	Prescapular J					
Other	Liver K					
	Lung L					
	Spleen M					
	Other					

Comments	
Technical Supervisor/Supervisor Inspector: Stamp/Signature/Date	
Lab case no:	Date/Time sample received

White: Copy to accompany samples
Yellow: Post to AHB nominated person
Green: Submitter's copy

## Appendix J - Deer Refund Scheme Flowchart

