



AGREEMENT TO PERFORM PULLORUM-TYPHOID TESTING AS AN AUTHORIZED TESTING AGENT

Name
(Mailing Address, City, Zip)
(Physical Address, City, Zip)
(County)
(Listed Phone Number) (2nd Non-listed Phone Number)
(E-Mail)

In cooperation with the Texas A&M Veterinary Medical Diagnostic Laboratory (TVMDL), do hereby request to be granted permission to perform the responsibilities of a Pullorum-Typhoid Testing Agent in the State of Texas.

I DO HEREBY AGREE TO THE FOLLOWING:

- 1. Shall maintain a valid tester's license.
2. Shall comply with all the regulations adopted by the Texas A&M Veterinary Medical Diagnostic Laboratory.
3. Shall comply with the recommended procedures for administering pullorum-typhoid antigen in conducting the rapid whole-blood test.
4. Shall submit reports on all negative test results conducted to the TVMDL Pullorum-Typhoid office within 10 days following completion of such test and all positive test results within 24 hours
5. All reactors shall be isolated at the owner's location until they can be transported by the Texas Animal Health Commission to a TVMDL Laboratory for bacteriological examination with band number identified and photo of reactor birds.
6. All official forms and antigen shall be kept under the exclusive control of the testing agent.
7. Shall notify the Texas Pullorum-Typhoid office upon change of address and/or phone number.
8. Give permission to Texas A&M Veterinary Medical Diagnostic Laboratory to list name, county, phone, and e-mail address on the approved PT Authorized Testing Agent list.

I understand that failure to abide by any item listed above shall be grounds for revocation of the authorized testing agent license.

Signature Date

Texas A&M Veterinary Medical Diagnostic Laboratory
Attn: Texas Pullorum-Typhoid Program
P.O. Drawer 3040
College Station, Texas 77841