



IDENTITY OF POSITIVE PRODUCER

State Form 50911 (R2 / 7-23)

INDIANA STATE BOARD OF ANIMAL HEALTH

Plant _____ Date (month, day, year) _____

Permit Number _____ Load ID _____

PRODUCERS ON LOAD			SCREENING TEST		CONFIRMATORY TEST	
NAME	PATRON NUMBER	PERMIT NUMBER	METHOD	RESULT	METHOD	RESULT

Screening Site _____ Analyst _____

Confirmatory Site _____ Analyst _____

Record of Producer Confirmation:

Date (month, day, year) _____ Time _____

Method _____ Analyst _____

Result #1 _____ Result #2 _____