



Wyoming Livestock Board

"Safeguarding Wyoming's Livestock Industry Today and for the Future"

1934 Wyatt Drive, Cheyenne, Wyoming 82002-0051
Phone: (307) 777-7515 ■ Fax: (307) 777-6561 ■ Web Site: <http://wlsb.state.wy.us>



Dave Freudenthal
Governor

James L. Schwartz, Director - Chief Executive Officer
Jim Logan, DVM - State Veterinarian

Vacant
Assistant State Veterinarian

Memorandum

To: Custom Slaughter Facilities
From: Jill Graves
Date: June 4, 2010
Subject: Brucellosis Testing Reimbursement

Chapter 2, section 13 requires that Custom Slaughter Facilities collect a blood sample of all beef and bison twelve (12) months of age and over, to submit to the Wyoming State Veterinary Laboratory for testing. As of June 2, 2010 the Wyoming Livestock Board officially set a reimbursement rate of \$1.50/hd for all test samples collected and sent into the Wyoming State Vet Lab. All collection supplies are provided for your facility by calling the Wyoming State Vet Lab at 1-800-442-8331, or 307-742-6681.

*****Wyoming Livestock Board will no longer be able to reimburse for testing of swine*****

Please be sure to fill out the test record form with as much information as possible at the time of sample collection, being sure to include any individual ID from metal tags or herd tag numbers that are available. Producer information and county of origin should also be included. Samples should be kept refrigerated and sent into the lab at a minimum of once a week, and not mailed on a Friday. Please do not send the actual tag to the lab, just record the number legibly on the test record.

To meet our agency's reporting and auditing needs it will be necessary for the custom facility to invoice for reimbursement. Please find enclosed a blank invoice for your convenience; they are also available electronically on our web site, (<http://wlsb.state.wy.us/animalhealth.htm#brucellosis>).

1. **Invoices must be on the Wyoming Livestock Board form.**
2. **Name of payee must match the name in the WOLFS system.** (If you have not received payment from the State of Wyoming, please submit a 109a to set you up as a vendor. Any changes in your business can be updated on a 109b. If you have never received payment from the State of Wyoming, or if the facility has undergone any name or tax reporting changes, you must submit one of these forms before payment can be generated).
3. **Invoices must be signed and notarized.**
4. **Invoices can be submitted monthly or quarterly.** All samples must be submitted for reimbursement within a 12 month (1 year) time frame.
5. **Reference test record number and sample date on invoice.** When possible, include a photo copy of the test record with the invoice, this will speed up the processing of your invoice. Be sure to retain a copy for your records.

The Wyoming Livestock Board recognizes and appreciates your efforts as a valuable tool for disease surveillance in the livestock industry. Please contact Jill Graves at (307)777-6288, jgrave@state.wy.us with any further question about Brucellosis Testing Reimbursement.

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Invoice for Custom Slaughter Testing Compensation

Invoice Date: _____ TO _____

Send Invoice To: Attn: BR Comp, WLSB, 1934 Wyott Drive, Cheyenne WY 82002

Remit To: Vendor/EIN# EFT

Custom Slaughter Plant Name:

Contact Agent Name:

Mailing Address:

Phone Number:

For Office use Only

Test Confirmed	Test Chart #	Test date	Producer's Name Address, County of Origin	County Tested In	# of Head Tested	Fee/Per head	Extended Cost
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
						\$1.50/head	
							Total from other pages:
							Invoice Total:

Affidavit

I, _____, Certify that all of the livestock
 (Submitting agent printed name & signature)
 on this form have been blood-tested for Brucellosis by myself, and the tests have been sent to the
 Wyoming State Veterinary Laboratory.

State of Wyoming

ss

County of _____

The foregoing instrument was acknowledged before me by _____,
 this _____ day of _____, 20_____.

Witness my hand and official seal.

 Signature of Notary Public My commission expires on: _____

