



# Texas Animal Health Commission

## Trichomoniasis Test Record

**TVMDL Account:**

**Accession #:**

State	TAHC Region	Herd Owner Last	First	Initial	Vet Printed Name	NAN
County (Bull Location)		Owner Address			Vet Address	Specimen Collection Date
Herd Number		Owner City - State - ZIP			Vet City - State - ZIP	Vet Phone
PIN or LID		Ranch Name			Vet Signature	Vet Fax

<b>Reason for Test</b>	<b>Test Options - Select ONLY #1, #2, or #3</b>	Complete herd test of all eligible bulls? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Initial <input type="checkbox"/> ReTest <input type="checkbox"/> Diagnostic <input type="checkbox"/> Herd Cert/Valid. <input type="checkbox"/> Private Sale <input type="checkbox"/> Post Move Quar. & Test <input type="checkbox"/> Adjacent Herd Test	<input type="checkbox"/> <b>#1 PCR - Direct Smegma</b> (No pooling)	<input type="checkbox"/> <b>#2 Culture - In Pouch Only</b>	Herd Type: <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Mixed <input type="checkbox"/> Other (specify)
	<input type="checkbox"/> <b>#3 PCR - In Pouch</b> Clinic Incubation? <input type="checkbox"/> None <input type="checkbox"/> 24 H <input type="checkbox"/> 48 H Pooling Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of bulls in herd:  Remarks:
	Pouch Expiration Date:		

NO.	RE-TAG?	OFFICIAL IDENTIFICATION NUMBERS	AGE	BREED	SEX	RESULTS		REMARKS & ADDITIONAL INFO
						PCR	CULTURE	

LABORATORY USE ONLY				
Laboratory Performing Test:	Date Set Up:	<b>Results Summary</b>		
	Date Reported:			
	Reported By:	Negative		
	Signature:	Positive		
		Total		

