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Washington Animal Disease Diagnostic Laboratory

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TRICHOMONIASIS PCR ACCESSION FORM

Clinic Premises ID # (optional)			Owner Premises ID # (optional)		
Veterinarian:			Owner:		
Clinic:			Street:		
Street:					
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Phone:	Fax:	
E-Mail:	# Animals in Herd	# Bulls Tested	# Cows Tested		

Test Requested: **Individual PCR** **Pooled PCR** (pools of up to 5: must qualify for pooling by State regulations)

TUBE	WA TRICH Tag #	USDA Approved Official ID Tag	Age	Breed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

For additional samples, attach Trichomoniasis PCR continuation form(s) on next page

Sample Origin:	<input type="checkbox"/> Sale Yard	<input type="checkbox"/> Herd	Is this a Whole Herd Test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Herd Status:	<input type="checkbox"/> Uninfected	<input type="checkbox"/> Known Infected Herd	<input type="checkbox"/> Unknown Herd Status		

OWNER GRAZES CATTLE ON LANDS OWNED BY (CHECK ALL THAT APPLY):

Public Lands (County: _____)
 Private Lands (County: _____)

NOTE: For A valid Official test follow one of the following submission procedures. MARK BOX FOR METHOD USED

- Method 1:** Collect the sample, **refrigerate** the sample until shipment, and ship the samples so that they arrive at the lab within **5 days** of collection.
 For this method, ship samples on ice. **Select if Method 1.**
- Method 2:** Collect the sample, **freeze** the sample until shipment, and ship the samples so that they arrive at the lab within **7 days** of collection.
 For this method ship samples on ice. **Select if Method 2.**

By signing below I acknowledge that test results will be sent to the Washington State Department of Agriculture as required by law. I also understand that there will be additional charges if a positive pool is found, requiring follow-up testing of individuals. If I have asked for pooled testing, I have checked that the importing state regulations permit pooling for this herd.

Veterinarian Signature:	Date Sampled:
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TRICHOMONIASIS PCR ACCESSION FORM

Lab use only

CONTINUATION PAGE

HERD OWNER:

VETERINARIAN:

DATE:

TUBE	WA TRICH TAG #	USDA Approved Official ID Tag#	AGE	BREED
_1				
_2				
_3				
_4				
_5				
_6				
_7				
_8				
_9				
_0				
_1				
_2				
_3				
_4				
_5				
_6				
_7				
_8				
_9				
_0				
_1				
_2				
_3				
_4				
_5				