



Oklahoma Department of Agriculture, Food, and Forestry Trichomoniasis Test Record



Owner Name Last			First	Initial	Veterinarian Printed Name		Vet Accreditation #
Owner Address					Signature		
City			State	Zip	Address		
Owner Phone					City	State	Zip
Complete herd test of all eligible bulls <input type="checkbox"/> Yes <input type="checkbox"/> No					Phone	Fax	
Herd Type <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Mixed <input type="checkbox"/> Other (specify) _____					Email		
Sale Type: <input type="checkbox"/> Livestock Auction <input type="checkbox"/> Private Sale <input type="checkbox"/> Lease <input type="checkbox"/> General Diagnostic							
Reason for Test: <input type="checkbox"/> Initial <input type="checkbox"/> Retest				Clinic Incubation @ 37° C <input type="checkbox"/> None <input type="checkbox"/> 24hr <input type="checkbox"/> 48hr			
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Culture				Collection Date		Submission Date	
#	OFFICIAL IDENTIFICATION NUMBERS	AGE	BREED	SEX	Remarks and Additional Information		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
LABORATORY USE ONLY							
Receipt Record Opened By _____ <input type="checkbox"/> Mail-post mark _____ <input type="checkbox"/> UPS <input type="checkbox"/> DHL <input type="checkbox"/> FedEx <input type="checkbox"/> Vet <input type="checkbox"/> Courier <input type="checkbox"/> Owner				Miscellaneous Fees <input type="checkbox"/> AFIN <input type="checkbox"/> AFOUT <input type="checkbox"/> Postage Due _____ <input type="checkbox"/> Return Box _____		Receipt Condition <input type="checkbox"/> Good <input type="checkbox"/> Leaked <input type="checkbox"/> Frozen <input type="checkbox"/> Dry Ice <input type="checkbox"/> Broken <input type="checkbox"/> Crushed <input type="checkbox"/> Cold Pack <input type="checkbox"/> No Refrigeration	