



Texas Animal Health Commission

Trichomoniasis Test Record

TVMDL Account:

Accession #:

State	TAHC Area	Herd Owner	Last	First	Initial	Vet Printed Name	Vet Code
County	Code	Route-Street-Road			Vet Signature		Specimen Collection Date
Herd Number		Post Office - State - ZIP			Route-Street-Road		Vet Phone
Ranch Name			NAIS		Post Office - State - ZIP		Vet Fax

Reason for Test <input type="checkbox"/> Initial <input type="checkbox"/> ReTest	Complete herd test of all eligible bulls? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks
<input type="checkbox"/> Diagnostic <input type="checkbox"/> Herd Cert/Valid.	Number of bulls in herd:	
<input type="checkbox"/> Private Sale <input type="checkbox"/> Post Move Quar. & Test	Herd Type: <input type="checkbox"/> Dairy <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Mixed <input type="checkbox"/> Beef	
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> Culture	Pouch Expiration Date:	
Clinic Incubation (PCR Only): <input type="checkbox"/> None <input type="checkbox"/> 24 <input type="checkbox"/> 48		

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

LABORATORY USE ONLY				
Laboratory Performing Test:	Date Set Up:	Results Summary		
	Date Reported:		PCR	Culture
	Reported By:	Negative		
	Signature:	Positive		
		Total		

**Texas Animal Health Commission
Trichomoniasis Test Record — Continuation**

County	Code	Herd Owner	Herd Number	Vet Signature	Specimen Collection Date
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NO.	RE-TAG?	OFFICIAL IDENTIFICATION NUMBERS	AGE	BREED	SEX	RESULTS		REMARKS & ADDITIONAL INFO
						PCR	CULTURE	