



# Kansas Division of Animal Health Trichomoniasis Test Record

Kansas State Veterinary Diagnostic Laboratory  
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Phone: (785) 532-5650 Toll Free: (866) 512-5650  
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Results Available Online

Laboratory Use Only

Case Coordinator \_\_\_\_\_

Panel \_\_\_\_\_

Accession Number \_\_\_\_\_

Veterinarian \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Vet Signature \_\_\_\_\_

Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 County \_\_\_\_\_

<b>Reason for Test:</b>	Initial _____ Retest _____	Complete herd test of all single bulls Yes No Herd Size _____ Number of Bulls in herd? _____ Herd Type: Registered Commercial Herd currently under Trich quarantine? Yes No Bulls been sexually Rested for at least 14 days? Yes No	<b>Collection Date</b>
Diagnostic _____	Private Sale _____		_____
Auction Mkt. _____			<b>Pouch Incubated?</b>
Other _____			Yes No

<b>Test Requested</b>	PCR(single)	PCR(pooled)	<b>Pouch or Tube Expiration Date</b>
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No.	Official Identification	Herd Tag #	Age	Breed	PCR Test Result

**OPENED BY**

**Courier Record:**  Courier  FedEx  Hand Delivered  Mail  UPS

**Coolant Record:**  Coolant Pack  Dry Ice  Frozen  Warmer  None

**Sample Condition:**  Good  Broken  Leaked  Other \_\_\_\_\_

This submission form is a legal binding contract between KSVDL and the submitting entity. All specimens, animals, and/or biological materials submitted to the KSVDL as well as any test results, diagnoses, or other analyses resulting from these submissions will become the property of KSVDL. Specimens also may be used for teaching purposes. All fees incurred are the responsibility of the submitting entity. A 1.5% finance charge will be assessed on all charges over 30 days.

Veterinarian \_\_\_\_\_  
 Clinic \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_

Owner Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 County \_\_\_\_\_

Test Requested	PCR (single)	PCR (pooled)	Pouch or Tube Expiration Date
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