



# Kansas Division of Animal Health Trichomoniasis Test Record

Kansas State Veterinary Diagnostic Laboratory  
 1800 Denison Avenue, Mosier D117 Manhattan, KS 66506  
 Phone: (785) 532-5650 Toll Free: (866) 512-5650  
 Fax: (785) 532-4835 Email: receiving@vet.k-state.edu  
 Results Available Online

1

Laboratory Use Only

Case Coordinator

Panel

Accession Number

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

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

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

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

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.

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

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

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

No.	Official Identification	Herd Tag #	Age	Breed	PCR Test Result