Washington Animal Disease Diagnostic Laboratory

Washington State University

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TRICHOMONIASIS 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:
E-Mail:	

# Animals in Herd	# Bulls Tested	# Cows Tested

TEST REQUESTED: ☐ PCR ☐ Bacterial Culture: Test No. (✓) 1st ☐ 2nd ☐ 3rd ☐

POUCH OR TUBE NO.	OFFICIALLY APPROVED ANIMAL IDENTIFICATION	BREED	AGE	SEX

For more samples, attach additional Trichonomiasis Accession Form(s)

Sample Origin: ☐ Sale Yard ☐ Herd | Is this a Whole Herd Test? Yes ☐ No ☐

Herd Status: ☐ Uninfected ☐ Known Infected Herd ☐ Unknown Herd Status

LOCATION OF ANIMALS DURING NEXT 12 MONTHS - *PLEASE PROVIDE GPS COORDINATES, PREMISES ID(S) OR OTHER **SPECIFIC** LOCATION INFORMATION*

TURNOUT DATE(S)

OWNER GRAZES CATTLE ON LANDS OWNED BY (CHECK ALL THAT APPLY):
☐ Bureau of Land Management ☐ U.S. Forest Service ☐ State of Washington ☐ State/Province of_____ ☐ Private Owner

NOTE: ALL SAMPLES MUST ARRIVE AT THE LABORATORY WITHIN 48 HOURS AFTER COLLECTION FOR VALID OFFICIAL TEST.

By signing below I acknowledge that test results will be communicated to the Washington State Department of Agriculture as required by law.

Veterinarian Signature:	**Date Sampled:**

Form WADDL 079, Version 02-09