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Trichomonosis Control Program Trichomoniasis Test and Report Form

Date Collected:	Collection Time:	Reason for testing: <input type="checkbox"/> Annual <input type="checkbox"/> Retest <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Exposed Herd <input type="checkbox"/> Other _____	Test Requested: <input type="checkbox"/> Individual PCR <input type="checkbox"/> Pooled PCR <input type="checkbox"/> Culture	Transport Media: <input type="checkbox"/> InPouch TF <input type="checkbox"/> TF Transit Tube <input type="checkbox"/> PBS, 1X <input type="checkbox"/> 0.90% Saline <i>For collection requirements, refer to the ADL Services and Fee Schedule</i>	
Veterinarian:		Clinic:	Owner:		Ranch Name:
Address:			Physical Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:	Fax:	Email:	Phone:	Email:	
Preferred Reporting: <input type="checkbox"/> Fax <input type="checkbox"/> Email			Total Samples:	Cows in herd:	Bulls in herd:

By signing below, I understand there will be additional charges on all positive pools requiring follow-up testing using individual real-time PCR Testing.

Veterinarian Signature:	Date:
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Animal/Specimen Information						Culture Readings <small>(include date/initials below)</small>					PCR Results			
No.	Official Identification (required)	NV Trich Tag#	Breed	Age	Sex	1	2	3	4	5	Culture Final	PCR Individual	PCR Pool	Comments
						Date:	Date:	Date:	Date:	Date:				
						Result	Result	Result	Result	Result				
						Result	Result	Result	Result	Result				
						Result	Result	Result	Result	Result				
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						Result	Result	Result	Result	Result				
						Result	Result	Result	Result	Result				

Comments

For ADL Use Only:		Performing Laboratory: <input type="checkbox"/> Nevada Department of Agriculture Animal Disease Lab 405 S. 21st Sparks, NV 89431 or Animal Disease Lab 4780 E. Idaho St Elko, NV 89801 <input type="checkbox"/> Other (Specify Lab Name):
Accession Number:	Test Summary	
Date Received:	Negative:	
Last Read Date:	Positive:	
Date Reported:	Resubmit:	
Temperature on Arrival:	Total:	
Signature of Testing Personnel:		

