



Oklahoma Department of Agriculture, Food, and Forestry
Trichomoniasis Test Record



Owner Name Last	First	Initial	Veterinarian Printed Name		Vet Accreditation #
Owner Address			Signature		
City	State	Zip	Address		
Owner Phone			City	State	Zip
Complete herd test of all eligible bulls Yes No			Phone	Fax	
Herd Type Dairy Beef Mixed Other (specify) _____			Email		

Sale Type:	Livestock Auction	Private Sale	Lease	General Diagnostic
Reason for Test:	Initial	Retest	Clinic Incubation @ 37° C None 24hr 48hr	
Test Requested:	PCR	Culture	Collection Date	Submission Date

#	OFFICIAL IDENTIFICATION NUMBERS	AGE	BREED	SEX	Remarks and Additional Information
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

LABORATORY USE ONLY

Receipt Record		Miscellaneous Fees	Receipt Condition	
Opened By	<input type="checkbox"/> Mail-post mark _____ <input type="checkbox"/> UPS <input type="checkbox"/> DHL <input type="checkbox"/> FedEx <input type="checkbox"/> Vet <input type="checkbox"/> Courier <input type="checkbox"/> Owner	<input type="checkbox"/> AFIN <input type="checkbox"/> AFOUT <input type="checkbox"/> Postage Due _____ <input type="checkbox"/> Return Box _____	<input type="checkbox"/> Good <input type="checkbox"/> Frozen <input type="checkbox"/> Broken <input type="checkbox"/> Cold Pack	<input type="checkbox"/> Leaked <input type="checkbox"/> Dry Ice <input type="checkbox"/> Crushed <input type="checkbox"/> No Refrigeration