



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 <input type="checkbox"/> Yes <input type="checkbox"/> No			Phone		Fax
Herd Type <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Mixed <input type="checkbox"/> Other (specify) _____			Email		
Sale Type: <input type="checkbox"/> Livestock Auction <input type="checkbox"/> Private Sale <input type="checkbox"/> Lease <input type="checkbox"/> General Diagnostic					
Reason for Test: <input type="checkbox"/> Initial <input type="checkbox"/> Retest			Clinic Incubation @ 37° C <input type="checkbox"/> None <input type="checkbox"/> 24hr <input type="checkbox"/> 48hr		
Test Requested: <input type="checkbox"/> PCR <input type="checkbox"/> 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	