

# Washington Animal Disease Diagnostic Laboratory

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## TRICHOMONIASIS PCR ACCESSION FORM

*(for T. foetus culture, please fill out culture 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:	# Animals in Herd # Bulls Tested # Cows Tested
E-Mail:	

Test Requested:     Individual PCR                       Pooled PCR (pools of up to 5: must qualify for pooling by State regulations)

TUBE/POUCH #	WA TRICH Tag #	USDA Approved Official ID Tag#	Age	Breed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*For additional samples, attach Trichomoniasis PCR continuation form(s) on next page*

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

Herd Status:     Uninfected     Known Infected Herd     Unknown Herd Status

OWNER GRAZES CATTLE ON LANDS OWNED BY (CHECK ALL THAT APPLY):  
 Public Lands (County: \_\_\_\_\_ )                       Private Lands (County: \_\_\_\_\_ )

**NOTE: For A valid Official test follow one of the following submission procedures:**  
**Method 1: Ship the samples by overnight courier so that they arrive at the lab within 48 hours of collection.**  
 For this method ship samples at room temperature (no ice pack)  
**Method 2: Incubate the samples at 37 degrees centigrade for 24 hours, then freeze the sample.**  
 For this method, ship with an ice pack at your convenience using an overnight courier. Please check the box if method 2 was used.   

**By signing below I acknowledge that test results will be sent to the Washington State Department of Agriculture as required by law. I also understand that there will be additional charges if a positive pool is found, requiring follow-up testing of individuals. If I have asked for pooled testing, I have checked that the importing state regulations permit pooling for this herd.**

Veterinarian Signature:	Date Sampled:
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**TRICHOMONIASIS PCR ACCESSION FORM**

Lab use only

CONTINUATION PAGE

HERD OWNER:

VETERINARIAN:

DATE:

TUBE/POUCH #	WA TRICH TAG #	USDA Approved Official ID Tag#	AGE	BREED
_1				
_2				
_3				
_4				
_5				
_6				
_7				
_8				
_9				
_0				
_1				
_2				
_3				
_4				
_5				
_6				
_7				
_8				
_9				
_0				
_1				
_2				
_3				
_4				
_5				