

## Washington Animal Disease Diagnostic Laboratory

Washington State University  
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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:	
E-Mail:			# Animals in Herd	# Bulls Tested	# Cows Tested

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

TUBE/POUCH #	WA TRICH Tag #	Steel tag or Tattoo ID	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:	<input type="checkbox"/> Sale Yard	<input type="checkbox"/> Herd	Is this a Whole Herd Test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Herd Status:	<input type="checkbox"/> Uninfected	<input type="checkbox"/> Known Infected Herd	<input type="checkbox"/> 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				