California Animal Health and Food Safety Laboratory System

http://cahfs.ucdavis.edu

Trichomonas InPouch Submission Form

CAHFS Accn. #_____

Rec'd by_____
Case Coordinator_____
Accn Type_____
# of Samples_____
Date Rec'd_____
Section_____
Bill To: ☐ Vet ☐ Clinic ☐ Owner ☐ Other
Carrier_____

To be completed by Clinic / Veterinarian:

Veterinarian's Name _____
Clinic Name _____
Address _____
City_____**State** _____**Zip** _____
Phone_____ **Fax** _____
Your reference # _____
( )FAX or ( )Email _____
( )Copy to _____

Owner's Name _____
Ranch _____
Address _____
City _____ **State** _____ **Zip** _____
Phone_____
( ) Export Sample _____
(Specify test methods below) Destination (Country)

√ only 1 box ↓

☐ **InPouch for Standard 6-day Culture** 10131

Ship Ambient. Must receive InPouches within 48 hrs of collection

Date Time
Collected _____ _____
# of InPouches Submitted_____ Known (+) Herd?_____Yes_____No
Temperature at lab receipt: °F (65 - 95°F) Tech:

*** Please submit an ORIGINAL of the CDFA Bovine Trichomonas Test Report Form**

☐ **InPouch 24hr Incubation at Lab and qPCR** 10571

Ship Ambient. Must receive InPouches within 48 hrs of collection

Date Time
Collected _____ _____
# of InPouches Submitted_____ Known (+) Herd?_____Yes_____No
Temperature at lab receipt: °F (65 - 95°F) Tech:

*** Please submit an ORIGINAL CDFA Bovine Trichomonas Test Report Form**

☐ **Frozen InPouch for qPCR (Vet Incubation)** 10572

Freeze InPouch. Ship overnight. Pack on ice or frozen gel packs

Date Time
Collected _____ _____
# of InPouches Submitted_____ Known (+) Herd?_____Yes_____No
Total Incubation Time at 37°C (hrs):_____
Temperature at lab receipt: °F (<40°F) Tech:

*** Please submit an ORIGINAL CDFA Bovine Trichomonas Test Report Form**

☐ **(+) InPouch for Confirmation**

Freeze InPouch. Ship overnight. Pack on ice or frozen gel packs

Date Time
Collected _____ _____
Conventionial PCR (No Charge)_____ 0153 qPCR ($25.00)_____ 10596
Parasites / 10X OBJ 1-10 = Low 10-100 = Mod. >100 = High
1._____ 2._____ 3._____ 4._____
Temperature at lab receipt: °F (<40°F) Tech:

*** Please submit a COPY of the CDFA Bovine Trichomonas Test Report Form**

For Laboratory Use Only:

Signature of Submitter:_____ **Date:**_____

(04/2010)