Texas Animal Health Commission

Trichomoniasis Test Record

TVMDL Account: **Accession #:**

State	TAHC Region	Herd Owner Last First Initial	Vet Printed Name	Vet Code
County Code		Route-Street-Road	Vet Signature	Specimen Collection Date
Herd Number		Post Office - State - ZIP	Route-Street-Road	Vet Phone
Ranch Name		NAIS	Post Office - State - ZIP	Vet Fax

Reason for Test ❑ Initial ❑ ReTest	Complete herd test of all eligible bulls? ❑ Yes ❑ No	Remarks
❑ Diagnostic ❑ Herd Cert/Valid.	Number of bulls in herd:	
❑ Private Sale ❑ Post Move Quar. & Test	Herd Type:	
❑ Other (specify)	❑ Dairy ❑ Other (specify)	
Test Requested: ❑ PCR ❑ Culture	❑ Mixed ❑ Beef	
Clinic Incubation (PCR Only) @ 36ºC - 38ºC? ❑ None ❑ 24 hrs ❑ 48 hrs	Pouch Expiration Date:	

NO.	RE-TAG?	OFFICIAL IDENTIFICATION NUMBERS	AGE	BREED	SEX	RESULTS PCR	RESULTS CULTURE	REMARKS & ADDITIONAL INFO

LABORATORY USE ONLY

Laboratory Performing Test:	Date Set Up:	**Results Summary**		
	Date Reported:		PCR	Culture
	Reported By:	Negative		
	Signature:	Positive		
		Total		

TAHC Form 09-03 (Revised 01/25/2013)

Copies must be distributed to: Owner, Veterinarian, Area Office

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Trichomoniasis Test Record — Continuation

County	Code	Herd Owner	Herd Number	Vet Signature	Specimen Collection Date

NO.	RE-TAG?	OFFICIAL IDENTIFICATION NUMBERS	AGE	BREED	SEX	RESULTS		REMARKS & ADDITIONAL INFO
						PCR	CULTURE	

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