

**STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE - ANIMAL HEALTH BRANCH
OFFICIAL BOVINE TRICHOMONOSIS TEST REPORT FORM**

1220 N Street
Sacramento, CA 95814
Phone: (916) 900-5002

County: _____ District: _____ Premises ID: _____ <p align="center">OWNER</p> Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Physical Address of Herd: _____ Latitude: _____ Longitude: _____ City: _____ State: _____ Zip: _____ Phone: _____ Email: _____	Lab Accession #: _____ <p align="center">REASON FOR TEST</p> <input type="checkbox"/> Interstate Movement (Check with state of destination for test requirement) <input type="checkbox"/> Show (Check with event for test requirement) <input type="checkbox"/> Sale (PCR only) <input type="checkbox"/> Herd Health (Culture or PCR) <input type="checkbox"/> Pasture to Pasture (PCR only) <input type="checkbox"/> Affected Herd (PCR only) <input type="checkbox"/> Exposed Herd (PCR only) <input type="checkbox"/> Stud Services (Culture or PCR) <input type="checkbox"/> Other (List Below): _____	TEST DATE: _____ <p align="center">TOTAL # SAMPLES</p> Bulls _____ Cows _____ ALL ELIGIBLE BULLS TESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Bulls in Herd _____ Total Cows in Herd _____ <p align="center">PRODUCTION TYPE</p> <input type="checkbox"/> Beef <input type="checkbox"/> Dairy <p align="center">APPROVED LABORATORY</p> <input type="checkbox"/> CAHFS <input type="checkbox"/> Other (Lab Name): _____ DATE REC'D _____ DATE READ _____ READ BY _____ <p align="center">SAMPLE TYPE</p> <input type="checkbox"/> Bull - Preputial Scraping <input type="checkbox"/> Bull - Preputial Wash <input type="checkbox"/> Cow - Uterine <input type="checkbox"/> Other _____
<p align="center">VETERINARIAN</p> License #: _____ State: _____ Name: _____ Clinic: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ Email: _____		

INDIVIDUAL OFFICIAL IDENTIFICATION	CA TRICH TAG	BREED	AGE	SEX	TEST RESULT(S) - LAB USE ONLY			COMMENTS
					CULTURE		PCR	
					InPouch	Diamond's		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

I certify the animals listed above are officially identified and tested for Trichomonosis and that I am approved to collect samples.

VETERINARIAN'S SIGNATURE _____ DATE _____

OWNER OR AGENT SIGNATURE _____ DATE _____

Send pink copy to your Animal Health Branch District Office within 48 hrs if any positive, within 30 days if all negative.