

Oklahoma Animal Disease Diagnostic Laboratory

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vetmed.okstate.edu/oaddl

TRICHOMONIASIS PCR SUBMITTAL FORM

Client Information

Owner Name:		OADDL Acct. #	
Farm Name:		Veterinarian:	
Premise ID:		Clinic Name:	
Address:		Address:	
City:	State:	Zip:	City: State: Zip:
Primary Phone #		Phone #	Fax #
Email:		Email:	
Report to: <input type="checkbox"/> Vet <input type="checkbox"/> Owner		Report Method: <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail (add'l charge)	
SIGNATURE OF SUBMITTER / DATE:		PRINT NAME:	

Testing Information

Collection Date: _____ **Total number of samples submitted:** _____

NOTE: Please send samples within 5 days of collection. Samples over 7 days old and expired pouches cannot be tested for regulatory purposes.

Test Requested: Individual PCR (bulls from multiple owners must be tested individually)
 Pooled PCR, up to 5 animals, all pooling done at OADDL (sale barn samples cannot be pooled)

NOTE: Some states will not accept pooled samples. Check the state of destination for requirements.

Reason for test: General Diagnostics Movement, change of ownership or lease Retest

InPouch Incubation prior to submission at 37°C None 24 hrs 48 hrs other _____

#	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	ADDITIONAL INFORMATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

LAB USE ONLY Comments: _____

<p>RECEIPT RECORD</p> <p><input type="checkbox"/> UPS <input type="checkbox"/> Vet <input type="checkbox"/> Mail-post mark _____</p> <p><input type="checkbox"/> FedEx <input type="checkbox"/> Owner <input type="checkbox"/> Postage Due _____</p> <p><input type="checkbox"/> Courier <input type="checkbox"/> Other <input type="checkbox"/> Incubator login (date/time) _____</p>	<p>CONDITION UPON RECEIPT</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Leaked</p> <p><input type="checkbox"/> No refrigeration <input type="checkbox"/> Cold Pack</p> <p>Other _____</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; float: right;"> Opened by: </div>
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TRICHOMONIASIS PCR SUBMITTAL FORM CONTINUATION PAGE

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