

Oklahoma Animal Disease Diagnostic Laboratory

P.O. Box 7001, Stillwater, OK 74076 (US Mail only)
 1950 W. Farm Rd. Stillwater, OK 74078 (UPS, FedEx, etc.)
 Phone: 405-744-6623 Fax: 405-744-8612
www.cvhs.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: Expired pouches cannot be tested.

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

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"/> Refrigerated</p> <p>Other _____</p> <div style="border: 1px solid black; border-radius: 10px; padding: 5px; width: fit-content; margin-left: auto;"> Opened by: _____ </div>
---	--

TRICHOMONIASIS PCR SUBMITTAL FORM CONTINUATION PAGE

#	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	ADDITIONAL INFORMATION