TEXAS ANIMAL HEALTH COMMISSION
Serving Texas Animal Agriculture Since 1893

Trichomoniasis Test Record

Accession #:

Vet Printed Name	NAN	TVMDL Account #	Specimen Collection Date	Vet Signature	
Vet Address		Vet City / State / ZIP		Vet Phone	Vet Fax
Herd Owner Name		Owner Address		Owner City / State / ZIP	
Physical Location of Animals (County / State)		Ranch Name			PIN / LID

Reason for Test	**Test Options - Select ONLY #1, #2, or #3**	Complete herd test of all eligible bulls? ❑ Yes ❑ No

❑ Initial ❑ ReTest
❑ Diagnostic
❑ Herd Cert/Valid.
❑ Sale or Change of Possession
❑ 1 Year Post Quar. Test
❑ Adjacent Herd Test
	❑ **#1** **PCR - Direct Smegma**
	     Pooling Requested? ❑ Yes ❑ No
	❑ **#2** **Culture - In Pouch Only**
	❑ **#3** **PCR - In Pouch**
	     Pooling Requested? ❑ Yes ❑ No
	     Clinic Incubation? ❑ None ❑ 24H ❑ 48H
	Pouch Expiration Date:
		Herd Type: ❑ Dairy ❑ Beef ❑ Mixed ❑ Other (specify) — Number of bulls in herd:
		
		Remarks

*In the **ID Type** column, enter the appropriate ID type from the following list: **R** = RFID, **N** = NUES, **BR** = Brand, **T** = Tattoo

NO.	RE-TAG?	OFFICIAL IDENTIFICATION NUMBERS	AGE	BREED	SEX	RESULTS PCR	RESULTS CULTURE	ID * TYPE	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 (Issued 05/12/2009; Revised 12/20/2022)
Copies must be distributed to: Owner, Veterinarian, Region Office

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Physical Location of Animals (County / State)	Herd Owner	Vet Signature	Collection Date

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