

Lab Use Only Date/Time Received:	<i>WYOMING LIVESTOCK BOARD</i> TRICHOMONIASIS TEST RECORD 1934 Wyatt Drive Cheyenne, WY 82002 (307) 777-7515	Accession # barcode
Carrier: Condition: W / C / F		
# of samples: Initials:		
Tube type: RTT / Plastic / Glass / Other:		
Sample date: Lab:	<input type="checkbox"/> Fresh <input type="checkbox"/> Incubated & Frozen	<input type="checkbox"/> Pool samples at lab

Reason for Test: Change of ownership Common grazing Turn Out (Focus Area) Interstate
 Management Post Move Quar Test Quarantine Release Plan 1st / 2nd Other:

Grazed on (√ all that apply): BLM BIA USFS State Lands Private Other:

Names of Allotment(s) and turnout date(s):

Owner:

Mailing Address:

State: Zip code: Phone:

County: Special Focus Area: Yes No

I certify that I have sampled each animal identified below and have correctly listed complete identification numbers: (Initials)

Clinic name:

Veterinarian's Name: License/ Accred. No.:

Address: State: Zip Code:

Phone: Email address:

Tube	Trich Tag #	Official ID Tag #	Species	Results
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

