

Lab Use Only	
Date/Time Received:	
Carrier:	Condition: W / C / F
# of Samples:	Initials:
Tube type: RTT / Plastic / Glass / Other:	

WYOMING LIVESTOCK BOARD
TRICHOMONIASIS TEST RECORD
 1934 Wyott Drive
 Cheyenne, WY 82002
 (307) 777-7515

Accession # Barcode

Veterinarian _____
 Clinic _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 Vet Signature: _____

Owner Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____
 County _____

Reason for Test: <input type="checkbox"/> Management <input type="checkbox"/> Change of ownership <input type="checkbox"/> Interstate movement <input type="checkbox"/> Common grazing <input type="checkbox"/> Other: _____ <input type="checkbox"/> Quarantine Release Plan Test: _____ ___1st ___2nd	Sample Collection Date _____ Have bulls been sexually rested for at least 30 days? <input type="checkbox"/> YES <input type="checkbox"/> NO	Samples are submitted in which media? <input type="checkbox"/> LRS (lactated ringer's solution) <input type="checkbox"/> PBS (phosphate buffered saline) <input type="checkbox"/> Diamond's media <input type="checkbox"/> TF Transit Tubes
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Test Requested: *POOL SAMPLES AT THE LAB*

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

