

# MBAH BULL TRICHOMONAS TEST SUBMISSION FORM

LAB USE ONLY

MISSISSIPPI VETERINARY RESEARCH &  
 DIAGNOSTIC LABORATORY  
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<p><b><u>VETERINARIAN</u></b>                  Name: _____                  Address: _____                  City/State/Zip: _____                  Phone: _____                  Fax: _____                  Email: _____                  Report Preference (mark one): <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax</p>	<p><b><u>PRODUCER/OWNER</u></b>                  Name: _____                  Premise ID: _____                  Address: _____                  City/State/Zip: _____                  Phone: _____                  Fax: _____                  Email: _____</p>
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**\* The bulls tested are considered quarantined and must be kept away from cows until a negative result is received.\***

Sample Collection Location (mark one):  Sale Barn  Clinic  Farm

Number of Samples: \_\_\_\_\_

Test Requested (mark one):

Individual RT-PCR  Pooled RT-PCR  Culture

\_\_\_\_\_  
 Owner/Agent Signature

\_\_\_\_\_  
 Sample Collection Date

<p><b>INSTRUCTIONS:</b></p> <ul style="list-style-type: none"> <li>Collect and submit samples according to the MBAH requirements for Trich-certified veterinarians.</li> <li>RT-PCR samples must be received within 72 hours of collection. Culture samples must be received within 48 hours of collection.</li> <li>Complete each non-shaded box with relevant information before submitting to the laboratory. An incomplete submission form will delay the testing and results.</li> </ul>	<p><b>RESULTS:</b></p> <ul style="list-style-type: none"> <li>RT-PCR: Neg = No <i>T. foetus</i> DNA detected. Pos = <i>T. foetus</i> DNA detected.</li> <li>Culture: Neg = No <i>T. foetus</i> observed. Pos = <i>T. foetus</i> observed.</li> </ul>
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Specimen Number	**REQUIRED TO RECEIVE RESULTS**	Visual ID	Breed	Age	***** LAB USE ONLY *****	
	Official Identification				RESULTS	
					RT-PCR	Culture
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

1 of \_\_\_\_\_

Date/Technician:                      /                      /

