



Diagnostic Lab #: _____

Date Received: _____

Sample Code: _____ Postage: _____

Veterinarian _____ Bill to

Owner _____ Bill to

Clinic _____

Physical Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: (____) _____ - _____ Check # _____ \$ _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

IMPORTANT:

- Samples sent with a cold pack **will not be tested.**
- PCR is the official Colorado test for importation, change of ownership, or movement to public grazing areas for all bulls 18 months or older.

I hereby certify that this is a correct record of samples collected by me:

Signature: (Accredited Veterinarian)

Date Sampled

No. of Samples: _____ Page _____ of _____

Testing for import into Colorado, movement to a public grazing area, or change of ownership:

Annual herd surveillance:

Results:

- Trichostrongylus axei* PCR Individual
- Trichostrongylus axei* PCR Pooled

- Trichostrongylus axei* Culture

Cul: ND= No *T. foetus* detected
Pos = *T. foetus* observed- to be confirmed by PCR
PCR: Neg = No *T. foetus* DNA detected by PCR
Pos = *T. foetus* DNA detected by PCR

Lab #	Silver Tag #	Trich Tag ID Tag Color _____	Age	Breed	Results		Lab #	Silver Tag #	Trich Tag ID Tag Color _____	Age	Breed	Results	
					Cul	PCR						Cul	PCR
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Read by _____ Date _____ Signature _____

