Louisiana Department of Agriculture and Forestry
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Louisiana Animal Disease Diagnostic Laboratory
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LSU | LADDL
Louisiana Animal Disease Diagnostic Laboratory

TRICHOMONIASIS TESTING AND REPORTING FORM

Name of Owner:			Date:
Address of Owner:			Parish:
City:		State:	ZIP:
Address of animal(s) location:			Parish:
City:		State:	ZIP:
Premises ID Number:		Sample Data:	☐Incubated & Frozen
How many other bulls/cows in the herd?	Bulls: Cows:		☐Non-incubated & Ambient
Test Occurance? 1st☐ 2nd☐ 3rd ☐		Test Data:	☐T. foetus PCR
Test Date(s):			☐Trichomonas culture
Other pertinent data or comments:			

Veterinarian:		E-Mail:	
Address:			Parish:
City:		State:	ZIP:
Phone:		Fax:	

ID Tag	Breed	Sex	Age	Test Result (to be filled out by LADDL staff)

Did any positive animal(s) from this submission go to slaughter? ☐Yes ☐No Date: