Thompson Bishop Sparks
State Diagnostic Laboratory
890 Simms Road
Auburn, AL 36832
(334) 844-4987 Fax (334) 844-7224

Accession #:		
Date:		
Case Coordinator:		
☐ Charge	☐ N/C	
Paid:	☐ CA	☐ CK	$
☐ USPS	☐ UPS	☐ FedEx	☐ Other
☐ Feedback Report		
Other:		

Trichomoniasis Testing Submission Form

Submitted samples become the property of the laboratory

Veterinarian _____
Clinic _____
License # _____ Account # _____
Address _____
_____
Phone _____
Fax _____
Email _____
Report Format ☐ Mail ☐ Fax ☐ Email

Submitted by: ☐ Veterinarian ☐ Producer/Owner ☐ Other

Producer/Owner _____
Business _____
County _____ Premise ID _____
Address _____
_____
Phone _____
Fax _____
Email _____
Report Format ☐ Mail ☐ Fax ☐ Email

Bill to: ☐ Veterinarian ☐ Producer/Owner ☐ Other

**** Pooling Requested ☐ Yes ☐ No ****

To obtain Trich Media sample collection tubes, contact the diagnostic lab **334-844-7226**. For sample submission, refer to the instructions enclosed with the collection tubes. **Enter animal identification one animal per line.**

Sample No.	Animal Identification	Breed	Sex M/F	Age	Sample No.	Animal Identification	Breed	Sex M/F	Age
1					16				
2					17				
3					18				
4					19				
5					20				
6					21				
7					22				
8					23				
9					24				
10					25				
11					26				
12					27				
13					28				
14					29				
15					30				

Print name _____ Signature _____ Date _____

RESET

Accession #

Page _____/_____

Trichomoniasis Sample Continuation Sheet -- Print or Copy As Needed

Sample No.	Animal Identification	Breed	Sex M/F	Age	Sample No.	Animal Identification	Breed	Sex M/F	Age

RESET

Accession #

Page _____/_____

Trichomoniasis Sample Continuation Sheet -- Print or Copy As Needed

Sample No.	Animal Identification	Breed	Sex M/F	Age	Sample No.	Animal Identification	Breed	Sex M/F	Age

RESET