



**State of Utah
Trichomoniasis Control Program**

TRICHOMONIASIS TEST AND REPORT FORM

Date Collected	
Date Submitted	
Lab	
Accession #	

Veterinarian: _____

Owner: _____

Accreditation #: _____

Address: _____

Phone Number: _____

I certify that I personally tested these bulls for trichomoniasis.

Phone Number: _____

Signature

County Grazed: _____

	Trich Tag #	RFID Tag #	Other ID	Breed	Age	Result
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

Please submit this test chart to UVDL with your samples OR to the UDAF State Veterinarian's Office at cvi@utah.gov or 350 N Redwood Rd, Salt Lake City, UT 84116. For questions, call (801) 982-2235.