



AZVDL
USE ONLY

TRICHOMONIASIS TEST SUBMISSION FORM

Location: 2831 N. Freeway Tucson AZ 85705 Phone: (520) 621-2356 Fax: (520) 626-8696 Email: CVM-azvdl@arizona.edu Website: <http://azvdl.arizona.edu>

DATE: _____ Specimen Relinquished by: _____

Financial Responsibility terms: Payment is due at time of submission for owners and new clients. Payment is due upon presentation of statement for established clients. Accounts past due over 30 days will be assessed a finance charge of 1.5%, or a minimum of \$3.00, of the past due balance. Accounts greater than 90 days past due will be referred to a collection agency unless payment arrangements have been established with AZVDL business unit. You will be fully responsible for all collection costs. Agreement to submission of this sample constitutes a contract with AZVDL.

BILL TO: (check appropriate box)

<input type="checkbox"/> Veterinarian:	<input type="checkbox"/> Owner/Ranch:
Clinic:	Mailing Address:
Address:	City/State/Zip code:
City/State/Zip code:	Phone: E-Mail:
Phone:	Animal location: <input type="checkbox"/> same as mailing address
Fax:	Premise ID:
E-Mail:	Address:
REPORT BY: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Mail	City/State/Zip code:
	Add a Contact? <input type="checkbox"/> Email: _____

Purpose of submission: Initial Retest Annual Slaughter Surveillance Other (specify) _____

Specimen Type: _____ Collection date: _____ Pouch expiration date _____

#	Official ID /tag ID	Age	Sex	Breed	#	Official ID/tag ID	Age	Sex	Breed
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				

Use 2nd page for additional animals submitted

FOR AZVDL USE ONLY: Carrier: Drop off Courier FedEx UPS USPS

Opened by _____ Number of samples received _____ Condition of Specimen(s): Acceptable Not Acceptable

Results reported by: Phone Fax Email Mail Amount Billed: _____ Amount Prepaid: _____

Result Summary Report: Number of samples tested: _____ Negative _____ Positive _____



Section for additional animals submitted:

#	Official ID /tag ID	Age	Sex	Breed	#	Official ID/tag ID	Age	Sex	Breed
31					51				
32					52				
33					53				
34					54				
35					55				
36					56				
37					57				
38					58				
39					59				
40					60				
41					61				
42					62				
43					63				
44					64				
45					65				
46					66				
47					67				
48					68				
49					69				
50					70				

Clinical history/comments:

AZVDL USE ONLY:

- The submitter is responsible for all fees associated with this submission. A complete catalog of tests, fees and sample requirements is available at <https://azvdl.arizona.edu>.
- All specimens received become the property of AZVDL and will not be returned unless specific arrangements are made and approved by AZVDL section head. Specimens submitted for regulatory testing belong to the regulatory agency and may not be returned.
- AZVDL receives the right to subcontract any work required to complete testing and will be indicated as such on the laboratory report.
- Biohazards: The laboratory retains the right to refuse any sample that may pose a risk of infection or other danger to AZVDL personnel. No human samples will be accepted.
- Per the Federal and State authorities, the AZVDL does not accept out of date tubes for any Federal or State regulatory testing (EIA, Brucellosis, etc)