



## BOVINE PREPUTIAL SAMPLE SUBMISSION FORM

Please indicate test(s) required:

	Culture	PCR	
<i>Trichostrongylus axei</i>			<b>LAB USE ONLY</b>  <u>LIMS No.</u> -----
<i>Campylobacter fetus</i> ('Vibrio')			

<b>OWNER / FARM NAME:</b>			
<b>Date &amp; Time of sample collection:</b>			
<b>Number of samples:</b>			
<b>Type of sample:</b>	<b>Sheath Wash</b>	<b>Sheath scrape</b>	<b>Discharge</b>
<b>Transport medium:</b>	<b>Skim milk</b>	<b>PBS</b>	<b>'Trich' medium</b>
<b>Person responsible for sampling:</b>			

Relevant herd history:

Sample No.	Bull ID	LAB USE ONLY Test Results		Sample No.	Bull ID	LAB USE ONLY Test Results	
		Trich	Camp			Trich	Camp
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
0				0			
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
0				0			