



Oregon
Department
of Agriculture

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Animal Health Laboratory

Pooled T. Foetus submission form

Lab use only:

| | | | | | |
|---|--------|--|--|--------|----------------|
| Veterinarian: | | | Owner: | | |
| Address: | | | Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |
| Phone: | | Fax: | Phone: | | |
| Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax | | Email: | Complete herd test: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Incubated: <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No | | | Are these bulls used in a coop grazing pasture? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Collected date: | | Frozen: <input type="checkbox"/> Yes <input type="checkbox"/> No | Cows in herd: | | Bulls in herd: |

Virgin bull statement: "I certify that the bulls marked as virgins on this form have not been used for breeding purposes and are 12 months of age or younger."

Owner signature:

Date:

Animal/Specimen information

| # | OR Trich Tag Number | Official ID | Breed | Virgin | Age | <i>Lab use only</i> |
|----|---------------------|-------------|-------|--------|-----|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
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| 10 | | | | | | |

I understand there will be an additional charge if a positive pool is found and the subsequent testing of individual bulls is required.
(Signature required before results are reported)

Veterinarian signature:

Date:

| | | | |
|---------------------|------------------|------------------|------------------------------|
| Lab use only | In incubator at: | Cold pack | Specimen condition comments: |
| Date received: | On: Tech: | ____ Yes ____ No | |
| Rec'd/entered by: | Frozen at: | ____ Frozen | |
| Temperature: °C | On: Tech: | ____ Thawed | |