



CAHFS Trichomonas/Tritrichomonas foetus testing

CAHFS offers different testing methods based on the needs of the herd

All submissions must be accompanied by a complete Original CDFA Bovine Trichomonas Test Report Form (do not remove any of the copies before testing is complete)

All results will be reported to CDFA

Link to CDFA form: http://www.cdca.ca.gov/ahfss/Animal_Health/pdfs/AHB_76-199_TrichReporting_ELECTRONIC.pdf

Tritrichomonas foetus real-time PCR (qPCR) testing options

- Testing is performed on BioMed Diagnostics InPouch-TF (IP) samples only (not tubes or washes)
- Samples submitted to Turlock, San Bernardino, or Tulare branches will be sent to Davis for testing
- Two options for PCR testing are available
 1. **InPouch-TF 24-hr Incubations at Lab and qPCR**
 - Inoculated IP must be received **within 48 hours of collection** between **50°F - 95°F** (temp is checked at arrival)
 - Samples can't be received on weekends so must arrive at the lab Monday-Friday
 - Samples arriving outside of temperature range can be tested "for unofficial purposes" only
 - Results are "Positive", "Negative", or "Inconclusive" (which means bulls are below the Positive range but may have low numbers of *T. foetus* and should be re-tested)
 2. **Frozen InPouch-TF for qPCR (Vet Incubation)**
 - IP that can't be delivered to the lab in the specified time frame can be incubated by DVM for 24 hr then frozen; samples must be shipped to **arrive frozen (≤ 40°F)** and received Monday-Friday; **wrap frozen IP so they have direct contact with ice packs to keep them frozen during shipping**
 - Samples arriving outside of temperature guidelines can be tested "for unofficial purposes" only
 - Results are "Positive", "Negative", or "Inconclusive" (which means bulls are below the Positive range but may have low numbers of *T. foetus* and should be re-tested)

Trichomonas culture testing options

- Trichomonas culture can be performed on
 1. **Inoculated InPouch-TF**
 2. **Sterile saline/LRS tubes (1.5ml) submitted for culture; saline/LRS samples are inoculated into laboratory culture media upon arrival**
- Samples must be received **within 48 hours of collection** between **50°F - 95°F** (temp is checked at arrival)
- Samples arriving outside of temperature range can be tested "for unofficial purposes" only
- Samples will be examined for 6 days for the presence of motile trichomonads
- If trichomonads are detected, sample will be tested for *T. foetus* by PCR at no additional charge
- CDFA-approved veterinarians can do routine cultures in their laboratories; if suspect Trichomonads are seen, freeze the entire pouch and ship to arrive frozen (≤ 40°F) Monday-Friday for confirmatory PCR (at no cost to the submitter)

Additional information

- **InPouch-TF** that are contaminated with bacteria (distended with gas, discolored) **can't** be tested by culture or PCR; new samples will need to be submitted to complete testing
- **Expired InPouch-TF samples** can be tested "for unofficial purposes" only
- Results of testing on pooled samples is not accepted by CDFA and can't be performed at CAHFS
- Samples in BioMed Transport Tubes are not accepted by CDFA and can't be tested at CAHFS
- Please notify the lab if you plan to submit **more than 20 samples** so we can have sufficient media
- Samples are tested on a "first-come, first-serve" basis; please plan your testing accordingly

Contact information:

Dr. Kris Clothier
CAHFS, UC Davis
Bacteriology Discipline Head
(530) 752-8700



UC DAVIS
VETERINARY MEDICINE
 California Animal Health and
 Food Safety Laboratory System

FOR MORE INFO VISIT: <https://cahfs.vetmed.ucdavis.edu/>

For Lab Use Only

Accession # _____

Rec'd By: _____

Case Coordinator: _____

Accession Type: _____

of samples: _____

Date Rec'd: _____

Section: _____

Bill To: Vet Clinic Owner Other

Carrier: _____

Trichomonas Submission Form
DVM must also submit CDFA Trichomonosis Test
Report form to complete official testing

To be completed by Clinic / Veterinarian: (Check box next to requested test)

Veterinarian's Name _____	Owner's Name _____
Clinic Name _____	Ranch _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____
Email _____	Email _____

CHECK INDIVIDUAL BOX FOR REQUESTED TESTING

<input type="checkbox"/> InPouch-TF - Standard Culture	10131	10130	<input type="checkbox"/> LRS or Saline - Standard Culture
Ship Ambient. Must receive all samples within 48 hrs of collection	Date _____		Time _____
Samples Collected _____	# of Samples Submitted _____		

<input type="checkbox"/> InPouch-TF 24hr Incubation & qPCR	10571	Date _____	Time _____
Ship Ambient. Must receive InPouches within 48 hrs of collection	Samples Collected _____		# of InPouches Submitted _____
PCR done only on InPouch samples			

<input type="checkbox"/> Frozen InPouch-TF for qPCR	10572	Date _____	Time _____
Freeze InPouch. Ship overnight. Wrap in ice packs or frozen gel packs	Samples Collected _____		# of InPouches Submitted _____
Total Incubation Time by DVM at 37°C (hrs): _____			

<input type="checkbox"/> POSITIVE InPouch-TF Confirm by qPCR	0153	Date _____	Time _____
Freeze InPouch. Ship overnight. Wrap in ice packs or frozen gel packs	Samples Collected _____		When were organisms seen: Date _____ Day of incubation _____

For Laboratory Use Only:	Temperature at lab receipt: _____ °F	Tech: _____
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I understand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the test results from samples submitted to CAHFS, will be treated as confidential information consistent with applicable legal standards, including, but not limited to, California Business and Professions Code section 4857 and Evidence Code 1040. Such confidential information will not be divulged to third parties without written consent of the client, except when required by law, which includes requirements that test results be provided to regulatory agencies. University, its officers, employees, and agents shall not be accountable for any loss, expense (including attorneys' fees), damage, or liability of any kind resulting from or arising out of services provided hereunder unless caused by negligent or willful acts or omissions by University, its officers, employees, or agents.

Signature of Submitter: _____ **Date:** _____