



**CAHFS Trichomonas/Tritrichomonas foetus testing**  
**CAHFS offers different testing methods based on the needs of the herd**

**All submissions must be accompanied by a completed CDFA Bovine Trichomonas Test Report Form**  
**Do not remove any pages from the form before testing is complete; or use electronic link below and submit original form. All results will be reported to CDFA**

Link to CDFA form: [http://www.cdfa.ca.gov/ahfss/Animal\\_Health/pdfs/AHB\\_76-199\\_TrichReporting\\_ELECTRONIC.pdf](http://www.cdfa.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** and maintained at **65°F - 95°F**
    - Samples can't be received on weekends so must arrive at the lab Monday-Friday
    - 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)
  - 2. Frozen InPouch-TF for qPCR (Vet Incubation)**
    - i. IP that can't be delivered to the lab in 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
    - ii. 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) can be submitted for culture; saline/LRS samples are inoculated into laboratory culture media upon arrival**
- Samples must be received **within 48 hours of collection** and maintained at **65°F - 95°F**
- Samples arriving outside of temperature guidelines 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 30 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

**California Animal Health and Food Safety  
Laboratory System**

<http://cahfs.ucdavis.edu>



**Trichomonas Submission Form:**

**DVM must also submit CDFA  
Trichomonosis Test Report form to  
complete official testing**

CAHFS Accn. # \_\_\_\_\_

Rec'd by \_\_\_\_\_

Case Coordinator \_\_\_\_\_

Accn Type \_\_\_\_\_

# of Samples \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Section \_\_\_\_\_

Bill To:  Vet  Clinic  Owner  Other

Carrier \_\_\_\_\_

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

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

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

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

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:** \_\_\_\_\_