

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.cdfa.ca.gov/ahfss/Animal_Health/pdfs/AHB_76-199_TrichReporting_ELECTRONIC.pdf

Tritrichomonas foetus reverse transcription real-time PCR (RT qPCR) testing options

- Testing is performed on samples received in 2mL PBS (phosphate buffered saline) or LRS (lactated ringers solution) and transported in sterile 15mL screw-top conical tubes (available thru Amazon, VWR, Fisher, etc.).
- After collection, samples may be stored and shipped either cold or frozen, **(no incubation)**.
- Samples submitted to Turlock, San Bernardino, or Tulare branches will be sent to Davis for testing.
- Estimated turnaround time for test is 3-5 days from date received in Davis (not including weekends and holidays).

Two options for RT- qPCR testing are available:

1 - Cold samples (Test Code: 11174)

- Samples in PBS/LRS are refrigerated prior to shipping and shipped with ice packs overnight.
- Samples must be received in the Davis lab **within 5 days of collection and arrive cold (40-65°F)**.
- 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 samples (Test Code: 11173)

- Sample in 2mL PBS/LRS may be frozen prior to shipping and shipped with ice packs overnight.
- Sample must be received in the Davis lab **within 7 days of collection and arrive frozen (≤ 40°F)**.
- **Arrange tubes so they have direct contact with ice packs to keep them frozen during shipping.**
- 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).

Trichomonas culture testing options

Trichomonas culture can be performed on the following:

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 **50-95°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

- Results of testing on pooled samples is not currently 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:

CAHFS Davis Bacteriology
cahfs-dbacteriology@ad3.ucdavis.edu
(530) 752-8700



California Animal Health & Food Safety Laboratory System

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

Trichomonas Submission Form

DVM must also submit CDFA Trichomonosis Test

Report form to complete official testing

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: _____

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

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

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

CHECK INDIVIDUAL BOX FOR REQUESTED TESTING

InPouch-TF - Standard Culture [] 10131 10130 LRS or Saline - Standard Culture []
Ship Ambient. Must receive all samples within 48 hrs of collection
Samples Collected
of Samples Submitted
Date
Time

Cold in 2mL LRS/PBS for RT qPCR [] 11174
Refrigerate sample. Ship overnight cold on ice packs. Must be received cold within 5 days of collection (40-65°F).
Samples Collected
of Samples Submitted
Date
Time

Frozen in 2mL LRS/PBS for RT qPCR [] 11173
Freeze Sample. Ship overnight with ice packs. Must be received frozen within 7 days of collection (≤40°F).
Samples Collected
of Samples Submitted
Date
Time

POSITIVE InPouch-TF Confirm by RT qPCR [] 0153
Freeze InPouch. Ship overnight. Wrap in ice packs or frozen gel packs.
When were organisms seen:
Day of incubation
Date
Time

For Laboratory Use Only: Temperature at lab receipt: °F Tech:

I understand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests 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 section 1040. Client information and test results are automatically provided to the veterinarian listed on the submission form. This 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: _____