



**Oregon**  
Department  
of Agriculture

# Oregon Department of Agriculture Animal Health Laboratory

## POOLED T. FOETUS SUBMISSION FORM

Phone: (503) 986-4686  
Fax: (844) 986-4688

635 Capitol St NE  
Salem, OR 97301

<b>Veterinarian:</b>			<b>Owner:</b>		
Address			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:		Fax:	Phone:		
Reporting:		<input type="checkbox"/> Email <input type="checkbox"/> Fax	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: ____ / ____ / ____	Frozen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cows in Herd:		Bulls in Herd:
<b>Virgin Bull Statement:</b> "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"					
Owners Signature: _____				Date: _____	

### Animal/Specimen Information

#	OR Trich Tag No.	Official ID	Breed	Virgin	Age	Lab Use Only
1						
2						
3						
4						
5						
6						
7						
8						
9						
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: \_\_\_\_\_

<b>Lab Use Only</b>	<b>Shipping</b>	<b>Cold Pack</b>	<b>Specimen Condition</b>
Date Received: _____	<input type="checkbox"/> Courier <input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No ID on Samples
Rec'd/Entered By: _____	<input type="checkbox"/> FedEx/UPS <input type="checkbox"/> US Mail	<input type="checkbox"/> Frozen	<input type="checkbox"/> Sample is leaking
Temperature: _____ °C	<input type="checkbox"/> Other _____	<input type="checkbox"/> Thawed	<input type="checkbox"/> Other _____