



SEMEN MICROBIOLOGY TEST REPORT

Space Below for Laboratory Use Only

Wisconsin Veterinary Diagnostic Laboratory

445 Easterday Lane Madison, WI 53706

Phone: 800-608-8387 or 608-262-5432

FAX: 847-574-8085

Condition on arrival: Frozen Liquid Nitrogen Chilled Warm

Owner	Veterinarian	License No.
Address	Address	
City, State, Zip	City, State, Zip	

Report results by: FAX (_____) _____ -OR- Phone (_____) _____ (All results are mailed)

Number of samples _____ Date samples taken _____ Date shipped _____

SAMPLES SUBMITTED

- Semen Processed
 Raw

REASON FOR TEST

- International to _____
 Interstate to _____
 Diagnostic Surveillance

SPECIES

- Bovine
 Breed _____

TESTS REQUESTED

- Bacterial Count & Identification
 Campylobacter *fetus-venerealis*
 Listeria
 Salmonella
 Brucella
 Leptospira
- Mycoplasma
 Ureaplasma
 Yeasts - Fungi
 Tritrichomonas *foetus* culture
 BTV virus isolation
 EHD virus isolation

- BVD
 IBR _____ passages
 Other

SPECIFIC TEST REQUIREMENTS:

	OFFICIAL IDENTIFICATION (one animal ID per row)	BACTERIAL COUNT & IDENTIFICATION	Campy	Listeria	Salmonella	Brucella	Leptospira	Mycoplasma	Ureaplasma	Yeasts-fungi	Tritrichomonos	IBR passages	BVD	BTV EHD
			Fetus											
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														

NEG=Organism/virus not isolated or detected
 POS=Organism/virus isolated or detected
 CFU=Colony forming units/ml
 REF=Referred to a reference laboratory for confirmation

I certify that I have correctly identified the sample(s) and verified the animal ID's

Tests completed by: _____

 Veterinarian's Signature

This form contains personally identifiable information, which will not be used for purposes other than which it was collected.