

VENEREAL AGENTS TEST REPORT

AH-HL-49 (05/08)



Wisconsin Veterinary Diagnostic Laboratory

445 Easterday Lane, Madison WI 53706

PH: 608-262-5432

FAX: 847-574-8085

ACCESSION NUMBER

Owner	Veterinarian
Company Name	Clinic/Company Name
Street	Street
City/State/Zip	City/State/Zip
Fax results? <input type="checkbox"/> YES <input type="checkbox"/> NO FAX #	TELEPHONE #

Date Collected	TESTS REQUESTED (Check) Trichomonas <input type="checkbox"/> culture <input type="checkbox"/> Direct Exam Campylobacter <input type="checkbox"/> Contagious Equine Metritis (CEM) <input type="checkbox"/> Brucella Semen Plasma 1:25 <input type="checkbox"/>
Number Submitted	
Reason for Test	
Date Received	

Sample #	Animal Identification	CEM	Trichomonas		Campylobacter	Brucella Semen Plasma 1:25
			Culture	Direct		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

I certify that I have collected these specimens and correctly identified them herein:

Submitting Veterinarian Signature	Tested By:	Date
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