

# BOVINE ENTERIC DISEASE PANELS



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NEW ACCOUNT

**For Laboratory Use Only**

Frozen  Chilled  Warm

LABEL

\* Required field

<b>OWNER*</b> _____ Farm _____ Address* _____ City* _____ State* _____ Zip _____ Premise ID _____ Date samples taken* _____ Date samples shipped* _____	<b>VETERINARIAN*</b> _____ License No.* _____ Clinic _____ Clinic Acct. No. _____ Address* _____ City* _____ State* _____ Zip _____ Clinic Premise ID _____ <b>E-MAIL*</b> _____ Phone* _____ FAX* _____
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**Submitting Veterinarian's Signature\*** \_\_\_\_\_  
 (Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

TESTING OPTIONS

- SCOUR PANEL A: Real-time PCR that tests for Rotavirus, Coronavirus and *Cryptosporidium* spp.
- SCOUR PANEL B: Real-time PCR that tests for Rotavirus, Coronavirus and *Cryptosporidium* spp., *Salmonella* spp. and *Salmonella* Dublin.
- SCOUR PANEL C: Real-time PCR that tests for Rotavirus, Coronavirus and *Cryptosporidium* spp., *Salmonella* spp., *Salmonella* Dublin, K99 *E.coli* and *E.coli* intimin gene.
- JUVENILE/ADULT SCOUR PANEL: Real-time PCR tests for *Salmonella* Dublin, *Salmonella* spp. and Coronavirus.
- JOHNES DIRECT FECAL PCR: Tests for *Mycobacterium avium* subsp. *paratuberculosis*.
- SALMONELLA REAL-TIME PCR: Tests for *Salmonella* spp. and *Salmonella* Dublin.
- ENTERIC CULTURE: Enriches for *Salmonella* spp. and assesses normal flora.
- SALMONELLA CULTURE: Enriches for *Salmonella* spp.
- FECAL FLOTATION: Checks for enteric parasites (animals >= 3 weeks of age)

NOTE: All *Salmonella* spp. PCR results that yield a CT value of less than or equal to 35, regardless of the CT value for the *Salmonella* Dublin PCR results, will automatically be sent for culture, serotyping and susceptibility. If you do NOT want these additional tests performed or only want some of these tests performed, please contact the WVDL immediately. For more information please see our website for a full description of our *Salmonella* workflow.

SPECIMEN INFORMATION

	<u>Animal / Specimen ID</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Specimen type</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Continued on reverse

CLINICAL HISTORY - *Please provide as much information as possible.*

Herd / Group Size \_\_\_\_\_ # Affected \_\_\_\_\_ # Dead \_\_\_\_\_

Clinical Signs \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Housing / Environment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ration \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vaccinations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tentative / Differential diagnosis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information \_\_\_\_\_  
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\_\_\_\_\_