

GENERAL SUBMISSION FORM



Wisconsin Veterinary Diagnostic Laboratory

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NEW ACCOUNT

For Laboratory Use Only

Frozen Chilled Warm

LABEL

* Required field

<p>OWNER* _____</p> <p>Farm _____</p> <p>Address* _____</p> <p>City* _____</p> <p>State* _____ Zip _____</p> <p>Premise ID _____</p> <p>Date samples taken* _____</p> <p>Date samples shipped* _____</p>	<p>VETERINARIAN* _____</p> <p>License No.* _____</p> <p>Clinic _____</p> <p>Clinic Acct. No. _____</p> <p>Address* _____</p> <p>City* _____ State* _____ Zip _____</p> <p>Clinic Premise ID _____</p> <p>E-MAIL* _____</p> <p>Phone* _____ FAX* _____</p>
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SPECIMENS SUBMITTED

*Submitting Veterinarian's Signature** _____

(Indicate number of samples on line)

(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Animal, dead (AND) _____ | <input type="checkbox"/> Kidney (KIDNEY) _____ | <input type="checkbox"/> Skin/Dermis (DERM) _____ | <input type="checkbox"/> Feces (FEC) _____ |
| <input type="checkbox"/> Animal, live (ANL) _____ | <input type="checkbox"/> Liver (LIVER) _____ | <input type="checkbox"/> Spleen (SPLEEN) _____ | <input type="checkbox"/> Feed (FEED) _____ |
| <input type="checkbox"/> Fetus (FETUS) _____ | <input type="checkbox"/> Lung (LUNG) _____ | <input type="checkbox"/> Blood, whole (BEDTA) _____ | <input type="checkbox"/> GI contents (INTCONT) _____ |
| <input type="checkbox"/> Brain (BRAIN) _____ | <input type="checkbox"/> Lymph Node (LNODE) _____ | <input type="checkbox"/> Semen (SEMEN) _____ | <input type="checkbox"/> Other (OTH) _____ |
| <input type="checkbox"/> Heart (HEART) _____ | (origin _____) | <input type="checkbox"/> Serum (SERUM) _____ | (specify _____) |
| <input type="checkbox"/> Intestine (INT) _____ | <input type="checkbox"/> Placenta (PLAC) _____ | <input type="checkbox"/> Urine (URINE) _____ | How preserved? |
| (site _____) | | | <input type="checkbox"/> Fresh <input type="checkbox"/> Fixed <input type="checkbox"/> Frozen |

⌄ **PLEASE CHECK ONE:** ⌄

SPECIMEN INFORMATION

Do ONLY testing indicated. Do additional testing as needed.

Animal / Specimen ID	Species	Breed	Sex	Age	Specimen type	Test(s) requested
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Disposition of body (pets only): Private Cremation (ashes returned) Group Cremation Incineration (least expensive)
 (additional charges apply)

****NOTE:** Bodies cannot be returned.

 Signature of party making disposal choice

Continued on reverse

QPulse Document Module/Forms/Client Forms/Submissions/GENERALSUBFORM.pdf SOP: ACASEREVIEW

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

Died Euthanized: method _____ date _____

Abortion Trimester: 1 2 3 Age of Dam / Female _____

Herd / Group Size _____ # Affected _____ # Dead _____

Accession numbers of previously related submissions _____

Is litigation possible? yes _____ no _____ (NOTE: No legal/potentially legal cases accepted from outside Wisconsin.)

Clinical Signs _____

Housing / Environment _____

Ration _____

Vaccinations _____

Treatments _____

Tentative / Differential diagnosis _____

Additional information / Necropsy findings _____

