

VENEREAL AGENTS SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON
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NEW ACCOUNT

ADDRESS
445 Easterday Lane
Madison, WI 53706

Phone: (800) 608-8387
Fax: (608) 504-2594

For Laboratory Use Only
 Frozen Chilled Warm

LABEL

* Required field

OWNER* _____
Farm _____
Address* _____
City* _____
State* _____ Zip _____
Premise ID _____

Date collected* _____
Date samples shipped* _____
Number Submitted _____
Species _____

Reason for Test _____

VETERINARIAN* _____
License No.* _____
Clinic* _____
Clinic Acct. No. _____
Address* _____
City* _____ State* ____ Zip _____
Clinic Premise ID _____
E-MAIL* _____
Phone* _____ FAX* _____

Tests Requested

Trichomonas*: Culture Direct Exam PCR

Campylobacter *Two separate trich pouches are needed if requesting BOTH trich culture and PCR.

Sample #	Animal Identification	Trichomonas			Campylobacter
		Culture	Direct	PCR	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Submitting Veterinarian's Signature* _____
(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)