

JOHNES DISEASE DIAGNOSTICS



Wisconsin Veterinary Diagnostic Laboratory

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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>
<p>SUBMITTING VETERINARIAN'S SIGNATURE* _____</p> <p><i>(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)</i></p>	

Samples Submitted

(1 type per form)

- _____ SERUM
- _____ FECES
- _____ Other

Species

- _____ Bovine
- Beef Dairy
- _____ Caprine
- _____ Ovine
- _____ Other

Test Requested

Culture *(feces or tissue)*

- _____ Liquid w/ PCR on pos. cultures
- _____ Liquid w/ PCR on pos. *(pooled)*
- _____ Liquid w/ PCR on ALL
- _____ Liquid w/ PCR on ALL *(pooled)*
- _____ Direct Acid Fast Stain
- _____ Acid Fast Stain
- _____ Direct PCR *(feces)*
- _____ Direct PCR *(pooled)*
- _____ ELISA *(milk & serum)*
- _____ CF *(serum only)*

Purpose

(Check all that apply)

- _____ Diagnostic
- _____ Interstate / International
- _____ Surveillance
- _____ Herd Classification
- No. test eligible _____
- _____ Complete Herd
- _____ Random Herd
- _____ Split Herd, Final: Y N
- _____ Retest

	Official Identification	Barn ID	Age	Sex		Official Identification	Barn ID	Age	Sex
1.					13.				
2.					14.				
3.					15.				
4.					16.				
5.					17.				
6.					18.				
7.					19.				
8.					20.				
9.					21.				
10.					22.				
11.					23.				
12.					24.				

1+ = Positive > 42 days; 2+ = Positive 28-42 days; 3+ = Positive 14-28 days; 4+ = Positive <14 days.
 S=Suspicious (further ID to follow); NI=no *M. para TB* isolated; C=Contaminated; M=Mold; B=Bacteria