

# MILK CULTURE SUBMISSION FORM



**Wisconsin Veterinary  
Diagnostic Laboratory**  
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BARRON  
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NEW ACCOUNT

**For Laboratory Use Only**

Frozen  Chilled  Warm

LABEL

\*Required field

OWNER* _____ Farm _____ Address* _____ City* _____ State* _____ Zip _____ Premise ID _____ Date samples taken* _____ Date samples shipped* _____ Submitting Veterinarian's Signature* _____	VETERINARIAN* _____ License No.* _____ Clinic* _____ Clinic Acct. No. _____ Address* _____ City* _____ State* _____ Zip _____ Clinic Premise ID _____ E-MAIL* _____ Phone* _____ FAX* _____
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### Tests Performed

Species:  Bovine  Caprine  Other \_\_\_\_\_

- Routine culture** (culture only)
  - Add Prototheca** Culture
  - Add Susceptibility** (Not performed on *Strep. agalactiae*, *T. pyogenes*, *Corynebacterium bovis*, *Mycoplasma* or bulk tank samples.)
  - Add Streptococci** family (Family non-agalactiae); Susceptibility (usually not performed)
  - Mycoplasma (individual) OR  Mycoplasma (pooled)
  - Quantitative Bulk Tank Culture (includes Mycoplasma & Prototheca)  
OK to pool **Bulk Tank** samples (up to five samples):  Yes  No
- Bacterial identification (your plate)
- Aerobic/Coliform/E.coli count \*\*\*(BARRON LAB ONLY)\*\*\*  
(Please indicate sample type below for Aerobic/Coliform/E-coli testing)  
 \_\_\_\_\_ Colostrum \_\_\_\_\_ Pasteurized waste milk  
 \_\_\_\_\_ Raw milk \_\_\_\_\_ Milk replacer (reconstituted)
- Mastitis PCR \*\*\*(MADISON LAB ONLY)\*\*\*  
(includes *M. bovis*, *Staph aureus*, *Strep. ag.*, *Strep. uberis*)
- Mycoplasma bovis PCR only

History / Comments /Instructions \_\_\_\_\_

	Sample Description/ Animal Identification	Sample Description/ Animal Identification	Sample Description/ Animal Identification
1.	13.	25.	
2.	14.	26.	
3.	15.	27.	
4.	16.	28.	
5.	17.	29.	
6.	18.	30.	
7.	19.	31.	
8.	20.	32.	
9.	21.	33.	
10.	22.	34.	
11.	23.	35.	
12.	24.	36.	