

# SEROLOGY & MULTIPLE-TEST SUBMISSION FORM



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

**MADISON**  
445 Easterday Lane  
Madison, WI 53706  
Phone: (800) 608-8387  
FAX: (608) 504-2594

**BARRON**  
1521 E. Guy Avenue  
Barron, WI 54812-0097  
Phone: (800) 771-8387  
FAX: (715) 449-5052

**E-MAIL**  
info@wvdl.wisc.edu  
  
**WEBSITE**  
www.wvdl.wisc.edu

**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\* \_\_\_\_\_

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

**SUBMITTING VETERINARIAN'S SIGNATURE\*** \_\_\_\_\_  
*(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)*

**Reason for Test\***

- |   |   |
|---|---|
| <input type="checkbox"/> Herd Certification             | <input type="checkbox"/> Sale                           |
| <input type="checkbox"/> Diagnostic                     | <input type="checkbox"/> Show                           |
| <input type="checkbox"/> Abortion                       | <input type="checkbox"/> Biosecurity                    |
| <input type="checkbox"/> Pre Purchase                   | <input type="checkbox"/> Screening/<br>Report as Tested |
| <input type="checkbox"/> Johnes Classification          | _____ Complete Herd                                     |
|   | _____ Random Herd                                       |
|   | _____ Split Herd, Final? <b>Yes</b> <b>No</b>           |
| <input type="checkbox"/> Retest-prior accession # _____ |   |

No. of test eligible animals in herd \_\_\_\_\_

**INTERNATIONAL TO:** \_\_\_\_\_

**INTERSTATE TO:** \_\_\_\_\_

**SPECIES** \_\_\_\_\_ **BREED** \_\_\_\_\_ **PAGE** \_\_\_\_\_ **OF** \_\_\_\_\_

#	OFFICIAL IDENTIFICATION* <i>(Must match ID on tubes.)</i>	SEX M / F	AGE* Yrs. / Mos.	Anapl. cElisa	Bruc. BAPA	Bruc. STT SPT	Bruc. Other	Johnes CF ELISA	Lepto. MAT 6 ser.	Lepto. add. ser.	BLV AGID ELISA	BLV BT Screen	BTV AGID ELISA	BTV EHD PCR	Ind. BVD PCR	BVD PCR Pool	BVD SN 1,2	BVD ELISA	BVD VI	EHD AGID	EHD SN 1,2	IBR cELISA	IBR SN	IBR SN OIE	NEO ELISA	VS SN NJ, Ind.	OTHER	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.																												
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10.																												
11.																												
12.																												

**NOTE:** Please indicate testing requests clearly. Circle test choice when more than one testing option is listed within a column.



**SEROLOGY AND MULTIPLE TEST REQUEST, CONTINUATION**

**Madison Lab:** 445 Easterday Lane, Madison, WI 53706 (Phone: 800-608-8387)  
**Barron Lab:** 1521 E. Guy Ave., P.O. Box 97, Barron, WI 54812-0097 (Phone: 800-771-8387)

For Laboratory Use Only

LABEL

Owner \_\_\_\_\_ Veterinarian \_\_\_\_\_  
Date sent \_\_\_\_\_ Date sampled \_\_\_\_\_ Clinic \_\_\_\_\_

OFFICIAL IDENTIFICATION* <i>(Must match ID on tubes.)</i>	SEX	AGE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	M / F	Yrs./Mos.	Anapl. cELisa	Bruc. BAPA	Bruc. STT SPT	Bruc. Other	Johne's CF ELISA	Lepto. MAT 6 ser.	Lepto. add. ser.	BLV AGID ELISA	BLV BTV Screen	BTV AGID ELISA	BTV EHD PCR	Ind. BVD PCR	BVD PCR pool	BVD SN 1,2	BVD ELISA	BVD VI	EHD AGID	EHD SN 1,2	IBR cELISA	IBR SN	IBR SN OIE	NEO ELISA	VS SN NJ,Ind.	OTHER	

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