

SEMEN MICROBIOLOGY SUBMISSION FORM



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

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

BARRON
1521 E. Guy Avenue, P.O. Box 97 • Barron, WI 54812-0097
PH: (800) 771-8387 FAX: (715) 449-5052

For Laboratory Use Only

- Chilled Warm
 Frozen Liquid Nitrogen

Owner	Veterinarian / Phone No / License No.
Address	Address
City, State, Zip	City, State, Zip

Report results by: FAX (_____) _____ -OR- email: _____

Number of samples _____ Date samples taken _____ Date shipped _____

SAMPLES SUBMITTED

- Semen
 Processed *or* Raw
 Other _____

REASON FOR TEST

- International to _____
 Interstate to _____
 Diagnostic Surveillance

SPECIES

- Bovine
 Breed _____

TESTS REQUESTED

- Bacterial Count (*straw only*)
 Bacterial Identification
 Mycoplasma

NOTE: Swab sample results are semiquantitative.

- Yeasts-Fungi
 **Campylobacter fetus-venerealis*
 **T. foetus* culture
 **T. foetus* direct exam

VI

- BVD ____ passages
 IBR ____ passages
 BTV (*referral*)
 EHD (*referral*)
 Other _____

PCR

- BVD IBR
 BTV EHD
 BLV
 Other _____

OFFICIAL IDENTIFICATION		OFFICIAL IDENTIFICATION		OFFICIAL 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		

***Samples for this test must be submitted in transport media.**

This form contains personally identifiable information, which will not be used for purposes other than which it was collected.

NEG=Organism/virus not isolated or detected; POS=Organism/virus isolated or detected; CFU=Colony forming units/ml; REF=Referred to a reference laboratory for confirmation

Tests completed by: _____

Veterinarian's Signature (I certify that I have correctly identified the sample(s) and verified the animal IDs.)