

VENEREAL AGENTS SUBMISSION FORM



Wisconsin Veterinary
Diagnostic Laboratory

UNIVERSITY OF WISCONSIN-MADISON

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* 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. # _____

Address* _____

City* _____ State* _____ Zip _____

Clinic Premise ID _____

E-MAIL* _____

Phone* _____ FAX* _____

Tests Requested

Trichomonas*: Culture Direct Exam PCR

Campylobacter *Two separate trich samples (submitted in In-Pouch media) are needed if requesting BOTH culture & 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.)