

JOHNES DISEASE DIAGNOSTICS



Wisconsin Veterinary
Diagnostic Laboratory

UNIVERSITY OF WISCONSIN-MADISON

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MADISON

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BARRON

1521 E. Guy Avenue, P.O. Box 97
Barron, WI 54812-0097
PH: (800) 771-8387
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* Required field

OWNER* _____

Farm _____

Address* _____

City* _____

State* _____ Zip _____

Premise ID _____

Date samples taken* _____

Date samples shipped* _____

SUBMITTING VETERINARIAN'S SIGNATURE* _____

(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

VETERINARIAN* _____

License No.* _____

Clinic* _____

Clinic Acct. No. _____

Address* _____

City* _____ State* ____ Zip _____

Clinic Premise ID _____

E-MAIL* _____

Phone* _____ FAX* _____

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)*
- _____ Acid Fast Stain
- _____ Direct PCR *(feces)*
- _____ Direct PCR *(pooled)*

Serum

- _____ 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

FM-CL-SUB-8

In Use: 4/10/18

SOP: ACASEREVIEW