

GENERAL SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
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BARRON
1521 E. Guy Ave., P.O. Box 97
Barron, WI 54812-0097
PH: (800) 771-8387
FAX: (715) 449-5052



If this is or has the potential to be a forensic (legal) or insurance claim case, you MUST use the 'FORENSIC & INSURANCE CLAIM SUBMISSION FORM' located on our website.

OWNER* _____
Farm Name _____
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.)

SPECIMENS SUBMITTED - How were the tissues preserved? Fresh Fixed Frozen

Whole Body _____ GI contents _____
Fetus _____ Kidney _____
Placenta _____ Liver _____
Brain _____ Lung _____
Heart _____ Spleen _____
Intestine _____ Lymph Node _____
 ▶ specify _____ ▶ specify _____

Blood _____ **ISOLATES**
Feces _____ Do you want us to save an isolate (s)? **YES**
Serum _____ If so, what genus? _____
Urine _____ Specific lab to send isolates to? _____
Feed _____
Other _____
 ▶ specify _____

↓ **PLEASE CHECK ONE** ↓

Do ONLY testing indicated.

Do additional testing as needed.

SPECIMEN INFORMATION

<u>Animal / Specimen ID</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Specimen type</u>	<u>Test(s) requested</u>
1.						
2.						
3.						
4.						
5.						
6.						

