

# VENEREAL AGENTS SUBMISSION FORM



Wisconsin Veterinary  
Diagnostic Laboratory

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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<sup>^</sup>

**Campylobacter**    <sup>\*</sup> Two separate trich samples (submitted in In-Pouch media) are needed if requesting BOTH culture & PCR.

<sup>^</sup>A loss of sensitivity (up to 6 CTs) may occur when using/submitting tubes instead of pouches for Trich PCR assay.

Sample #	Animal Identification	Trichomonas*			Campylobacter
		Culture	Direct	PCR <sup>^</sup>	
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.)*