

# AVIAN SEROLOGY SUBMISSION FORM



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

**BARRON**  
1521 E. Guy Ave.,  
Barron, WI 54812  
Phone: (715) 637-3151  
FAX: (715) 449-5052

**MADISON**  
445 Easterday Lane  
Madison, WI 53706  
Phone: (608) 262-5432

**E-MAIL**  
Barron.Fax@wvdl.wisc.edu

**WEBSITE**  
www.wvdl.wisc.edu

<b>OWNER:</b>	
Farm:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Premise ID:	_____
Date Samples Taken:	_____
Date Samples Shipped:	_____
PO#/Payment Info:	_____

<b>Veterinarian:</b>	
License No.:	_____
Clinic:	_____
Clinic Acct. No.:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Email:	_____

	Building #								<p><b>*NOTE*</b> Please complete the flock info at left to ensure accurate identification of the submitted samples.</p>
_____ Chicken	Flock #								
_____ Turkey	Sex								
_____ Other	Age								
	Quantity							Total Samples	

P a n e l s	Ckn Pnl1-AE/IBV/NDV Elisa								
	Ckn Pnl2-IBD/IBV/NDV Elisa								
	Ckn Myco Elisa 1-MG/MS								
	Tky Pnl1-ORT/REO Elisa								
	Tky Pnl2-BA/HE/NewC Elisa								
	Tky Myc Elisa2-MG/MM/MS								
I n d i v i d u a l	AE								
	BART								
	HE								
	NEWC								
	APV								
	ORT								
	REO								
	IBV								
	IBD								
I n d i v i d u a l	AI	AGID							
	MG	Elisa							
		HI							
	MM	Elisa							
		HI							
	MS	Elisa							
		HI							
Pullorum	Plate								
	Tube								
	Other (Specify):								