

# SEMEN MICROBIOLOGY SUBMISSION FORM



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

[www.wvdl.wisc.edu](http://www.wvdl.wisc.edu)

E-mail form to: [submissions@wvdl.wisc.edu](mailto:submissions@wvdl.wisc.edu)

**MADISON**  
445 Easterday Lane • Madison, WI 53706  
PH: (800) 608-8387 FAX: (608) 504-2594

**BARRON**  
1521 E. Guy Avenue, P.O. Box 97 • Barron, WI 54812-0097  
PH: (800) 771-8387 FAX: (715) 449-5052

For Laboratory Use Only

- Chilled     Warm  
 Frozen     Liquid Nitrogen

<b>Owner</b>	<b>Veterinarian / Phone No / License No.</b>
<b>Address</b>	<b>Clinic/Company</b>
	<b>Address</b>
<b>City, State, Zip</b>	<b>City, State, Zip</b>

**SAMPLE INFORMATION**

\_\_\_\_\_ (indicate type)  
 \_\_\_\_\_ *Úrocessed*  
 \_\_\_\_\_ *Úaw* ([ WHQGHU BBBB BBBB)  
 \_\_\_\_\_ *Úe#ed/sorted*

*Úpecies*  
*Óovine* \_\_\_\_\_ *Ut@er* \_\_\_\_\_  
*Óreed* \_\_\_\_\_

*Pumber of samples* \_\_\_\_\_  
*Óate samples ta len* \_\_\_\_\_  
*Óate samples s@ipped* \_\_\_\_\_

International to \_\_\_\_\_  
 Interstate to \_\_\_\_\_  
 Diagnostic \_\_\_\_\_ Surveillance \_\_\_\_\_

**TESTS REQUESTED**

\_\_\_\_\_ B \$ H U R E L F (raw semen) \_\_\_\_\_  
 \_\_\_\_\_ Óacterial Count Culture (processed)  
 \_\_\_\_\_ Óacterial Identification (your pure isolate)  
 \_\_\_\_\_ B *Campylobactefetus* *Èvenerealis*  
 \_\_\_\_\_ *Ro@ne's Óisease Ši~uid Culture (raw semen)*  
 \_\_\_\_\_ *Mycoplasma Culture*  
 \_\_\_\_\_ *ŸeastsÈun\*i Culture*

*âÚwab sample results are semi~uantitativeÈ*

**PCR**

\_\_\_\_\_ **B V** \_\_\_\_\_ **BTV** \_\_\_\_\_ BVD  
 \_\_\_\_\_ *ÒPÖ* \_\_\_\_\_ *ÓÓÜ* \_\_\_\_\_ *O e*  
 \_\_\_\_\_ *Mycoplasma bovis (processed or raw)*

**VIRUS ISOLATION**

\_\_\_\_\_ BVD \_\_\_\_\_ passages  
 \_\_\_\_\_ IBR \_\_\_\_\_ passages  
 \_\_\_\_\_ BTV (referral)  
 \_\_\_\_\_ *ÒPÖ (referral)*  
 \_\_\_\_\_ *Ut@er* \_\_\_\_\_

**OFFICIAL IDENTIFICATION**

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1	13	25
2	14	26
3	15	27
4	16	28
5	17	29
6	18	30
7	19	31
8	20	32
9	21	33
10	22	34
11	23	35
12	24	36

**\*Samples for this test must be submitted in transport media.**

This form contains personally identifiable information, which will not be used for purposes other than which it was collected.

**Veterinarian's Signature** \_\_\_\_\_ (I certify that I have correctly identified the sample(s) and verified the animal IDs.)

Report results by fax \_\_\_\_\_ or e-mail \_\_\_\_\_.