JOHNES DISEASE DIAGNOSTICS

Wisconsin Veterinary Diagnostic Laboratory
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BARRON
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LABEL

* Required field

OWNER* _____
Farm _____
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.)

Samples Submitted
(1 type per form)

_____ SERUM
_____ FECES
_____ Other _____

Species
_____ Bovine
❒ Beef ❒ Dairy
_____ Caprine
_____ Ovine
_____ Other *specify* _____

Test Requested

Culture *(42-56 days; feces or tissue)*
_____ Liquid w/PCR on ALL

PCR Pooled* ☐
_____ Direct PCR

Serum
_____ ELISA *(milk & serum)*

**Positive pools are automatically tested individually if pool consists of samples from different animals.*

Purpose
(Check all that apply)

_____ Diagnostic
_____ Export
_____ Sale/Show
_____ Surveillance

International to _____
Interstate to _____

	Official Identification	Barn ID	Age	Sex		Official Identification	Barn ID	Age	Sex
1.					14.				
2.					15.				
3.					16.				
4.					17.				
5.					18.				
6.					19.				
7.					20.				
8.					21.				
9.					22.				
10.					23.				
11.					24.				
12.					25.				
13.					26.				

FM-CL-SUB-8
In Use: 08/05/20
SOP: ACASEREVIEW