

PINK EYE DIAGNOSTICS SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON
www.wvdl.wisc.edu
E-mail: submissions@wvdl.wisc.edu

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

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

For Laboratory Use Only

☐ Frozen ☐ Chilled ☐ Warm

LABEL

OWNER*

Farm Name _____
Address* _____
City* _____
State*/Zip* _____
Premise ID _____

Date samples taken* _____

Date samples sent* _____

* Required fields

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.)

NOTE: The culture is only set up for *Moraxella bovis* and *Moraxella bovoculi* when aerobic culture is requested. *Mycoplasma* culture can also be requested for the isolation of *Mycoplasma bovis*, which can also be used to culture other hardy Mycoplasmas; however the bacteriology section cannot culture *Mycoplasma bovoculi*.

ISOLATES

Do you want us to save an isolate (s)? YES

→If so, what genus? _____

→Specific lab to send isolates to? _____

MEDIA

PCR testing: BHI Media or sterile saline

Culture: Bacterial transport media

SPECIMEN INFORMATION

	Animal / Specimen ID	Species	Breed	Sex	Age	Specimen type	Test(s) requested		
							Culture	PCR	Culture & PCR
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									