

MILK CULTURE SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**

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NEW ACCOUNT

For Laboratory Use Only

Frozen Chilled Warm

LABEL

*Required field

OWNER* _____ Farm _____ Address* _____ City* _____ State* _____ Zip _____ Premise ID _____ Date samples taken* _____ Date samples shipped* _____ Submitting Veterinarian's Signature* _____	VETERINARIAN* _____ License No.* _____ Clinic* _____ Clinic Acct. No. _____ Address* _____ City* _____ State* _____ Zip _____ Clinic Premise ID _____ E-MAIL* _____ Phone* _____ FAX* _____
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TESTS PERFORMED

Species: Bovine Caprine Other _____

Mastitis culture (culture only)

Add Susceptibility (Not performed on *Strep. agalactiae*, *T. pyogenes*, *Corynebacterium bovis*, *Mycoplasma* or bulk tank samples.)

Add Susceptibility for *Streptococci* family (Family non-agalactiae)

▶ Susceptibility usually not performed

Prototheca Culture (milk, bedding, water)

Mycoplasma Culture: Individual OR Pooled

Quantitative Bulk Tank Culture (includes *Mycoplasma* & *Prototheca*)

OK to pool Bulk Tank samples (up to five samples): Yes No

Bacterial identification (your pure isolate)

Susceptibility (your pure isolate)

Mycoplasma bovis PCR only

Prototheca Type 2 PCR only (milk, bulk tank, bedding, water)

/LTXLG SHHSEL & ROLIRUP (FROM DELUDRWH/ID
3OHDVH LQGLFDWH VDP SOH WASH EHORZ IRU

___ Colostrum ___ Pasteurized waste milk

___ Raw milk ___ Milk replacer (reconstituted)

***NOTE: Samples must be frozen if shipped.**

7RWDO 6ROLG V V PRODOLW\

History / Comments /Instructions

BBBBBBBBBBBBBBBBBBBB

	Sample Description/ Animal Identification	Sample Description/ Animal Identification	Sample Description/ Animal Identification
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.