

# BOVINE REGULATORY SUBMISSION FORM



**Wisconsin Veterinary  
Diagnostic Laboratory**  
UNIVERSITY OF WISCONSIN-MADISON  
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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 Ave., P.O. Box 97  
Barron, WI 54812-0097  
PH: (800) 771-8387  
FAX: (715) 449-5052



\*Required field

**Owner\*** \_\_\_\_\_  
Farm Name \_\_\_\_\_  
Address\* \_\_\_\_\_  
City\* \_\_\_\_\_ State\*/Zip\* \_\_\_\_\_  
Premise ID \_\_\_\_\_  
Date samples taken\* \_\_\_\_\_  
Date samples shipped\* \_\_\_\_\_  
Reference # \_\_\_\_\_

**Veterinarian\*** \_\_\_\_\_  
License No. \_\_\_\_\_  
Clinic\* \_\_\_\_\_  
Clinic Acct. No. \_\_\_\_\_  
Address\* \_\_\_\_\_  
City\* \_\_\_\_\_ State\*/Zip\* \_\_\_\_\_  
E-Mail\* \_\_\_\_\_  
Phone\* \_\_\_\_\_ FAX \_\_\_\_\_  
Bill to\* \_\_\_\_\_  
E-mail results to \_\_\_\_\_

### Serology

Test sample(s)

- Anaplasmosis cELISA
- Brucellosis BAPA
- Brucellosis CF
- Brucellosis FPA
- Brucellosis STT
- Johnes CF
- Johnes ELISA
- Leptomat 5
- Leptomat 6
- L. Sejroe
- Q Fever CF
- Q Fever ELISA (R)
- S. Dublin ELISA
- BLV AGID
- BLV ELISA
- BTV AGID
- BTV cELISA
- BVD ACE
- BVD P80 ELISA
- BVD SN 1&2
- EHD AGID (export)
- EHD AGID (screen)
- EHD SN 1&2
- IBR cELISA
- IBR SN
- IBR SN OIE
- VSSN NJ&IND
- OTHER \_\_\_\_\_

### Testing Information

- Export to \_\_\_\_\_
- Herd Certification \_\_\_\_\_
- Interstate Movement to \_\_\_\_\_
- Pre Purchase \_\_\_\_\_
- Retest of prior accession # \_\_\_\_\_
- Screen \_\_\_\_\_
- Semi-Annual \_\_\_\_\_
- Other \_\_\_\_\_

### Molecular

Test sample(s)

- Anaplas. PCR (wb)
- BVD PCR (individual, wb or serum)
- BVD PCR (pooled, wb or serum)
- BTV PCR (wb)
- EHD PCR (wb)

### Virus Isolation

Test sample(s)

- BVD VI - 1 pass (serum)
- BVD VI - 2 pass (serum)
- BVD VI (wb)
- BTV VI (wb, R)
- EHD VI (wb, R)

Key: R-referral; WB-whole blood

### Sample Information

	Official ID	Secondary ID	Species	Breed	Sex	Age	Birthdate
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____

**Submitting Veterinarian's Signature\*** \_\_\_\_\_

(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

SOP: ACASEREVIEW

In Use: 4/8/21

FM-CL-SUB-32



# BOVINE REGULATORY SUBMISSION FORM, cont.

Madison Lab: 445 Easterday Lane, Madison, WI 53706 (Phone: 800-608-8387)

Barron Lab: 1521 E. Guy Ave., P.O. Box 97, Barron WI 54812-0097 (Phone: 800-771-8387)

Owner \_\_\_\_\_ Date sent \_\_\_\_\_

Veterinarian \_\_\_\_\_ Date sampled \_\_\_\_\_

Clinic \_\_\_\_\_

LABEL

No.	Official Identification	Secondary ID	Species	Breed	Sex	Age	Birthdate
_____	_____	_____	_____	_____	_____	_____	_____
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