

# VENEREAL AGENTS SUBMISSION FORM



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

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

**ADDRESS**

445 Easterday Lane  
Madison, WI 53706

Phone: (800) 608-8387  
Fax: (608) 504-2594

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



\* Required field

**OWNER\*** \_\_\_\_\_

Farm \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip \_\_\_\_\_

Premise ID \_\_\_\_\_

Date collected\* \_\_\_\_\_

Date samples shipped\* \_\_\_\_\_

Number Submitted \_\_\_\_\_

Species \_\_\_\_\_

Reason for Test \_\_\_\_\_

**VETERINARIAN\*** \_\_\_\_\_

License No.\* \_\_\_\_\_

Clinic\* \_\_\_\_\_

Clinic Acct.# \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip \_\_\_\_\_

Clinic Premise ID \_\_\_\_\_

E-mail \_\_\_\_\_

Phone\* \_\_\_\_\_ FAX\* \_\_\_\_\_

**Tests Requested**

**Trichomonas\***:  Culture  Direct Exam  PCR<sup>^</sup>

**Campylobacter** \* Two separate trich samples (submitted in In-Pouch media) are needed if requesting BOTH culture & PCR.

<sup>^</sup>A loss of sensitivity (up to 6 CTs) may occur when using/submitting tubes instead of pouches for Trich PCR assay.

Sample #	Animal Identification	Trichomonas*			Campylobacter
		Culture	Direct	PCR <sup>^</sup>	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

**Submitting Veterinarian's Signature\***

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