JOHNES DISEASE DIAGNOSTICS

Wisconsin Veterinary Diagnostic Laboratory
UNIVERSITY OF WISCONSIN–MADISON
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BARRON
1521 E. Guy Avenue
Barron, WI 54812
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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 U))

PCR
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_____ Direct PCR ☐

Serum
_____ ELISA *(milk & serum)*

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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.					1 .				B B B B
2.					1 .				B B B B
3.					1 .				B B B B
4.					1 .				B B B B
5.					1 .				B B B B_
6.					1 .				B B B B_
7.					.				B B B B
8.					.				B B B B_
9.					.				B B B B_
10.					B B B				B B
11.					.				B B B B B
12.					.				B B B B B B B B B B
1 .					2 .				

FM-CL-SUB-8
In Use: V ^/05/ X V
SOP: A CASE REVIEW