

SEROLOGY & DIAGNOSTICS SUBMISSION FORM



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

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

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

LABEL

*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 FPA
- Johnes ELISA
- Lepto MAT 6
- Lepto MAT *Canine*
- Q Fever CF
- Q Fever ELISA (R)
- S. Dublin* ELISA
- BLV AGID
- BLV ELISA
- BTV AGID
- BTV cELISA
- BVD SN 1&2
- IBR ELISA
- IBR SN
- Neospora ELISA
- OPP ELISA (B)
- CAE ELISA (B)
- CL ELISA (B)
- OTHER _____

Testing Information

Diagnostic Abortion Sale Screen
Retest of prior Accession#: _____
Interstate to: _____
Other: _____

Molecular

Test sample(s)

- Anaplasmosis PCR (*WB*)
- BVD PCR Individual(*Ear Notch, WB, serum*)
- BVD PCR Pooled(*Ear Notch, WB, serum*)
- OTHER _____

Get efficient, reliable, and affordable UPS shipping with the WVDL Shipping Program: [WVDL Shipping Program Information](#)

We have laboratories in Madison and Barron. Check to see which lab runs the test(s) you are requesting at our test and fees web page: [WVDL Test and Fees](#)

If you are requesting multiple serological tests please send a minimum of 1ml per test. Send multiple tubes if needed.

Key: R-referral; WB-whole blood; B-Barron Lab

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: 6/4/2021

FM-CL-SUB-33



SEROLOGY & DIAGNOSTICS 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
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____