

AVIAN ENVIRONMENTAL SUBMISSION FORM



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

www.wvdl.wisc.edu

E-mail form to: RCB@wvdl.wisc.edu

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

Accession
Label

OWNER* _____
Farm Name* _____
Address _____
City _____
State*/Zip* _____
Premise ID _____
Phone* _____
FAX* _____
EMAIL* _____

COMPANY / VETERINARIAN*
Name _____
Clinic _____
Address* _____
City* _____
State* /Zip* _____
Phone* _____
FAX* _____
EMAIL* _____

***Testing Policy Note:**

- Per WVDL policy, all *Salmonella sp.* isolated will be serotyped. If serotyping is not necessary, please indicate so by requesting either test B or C below.
- Per NPIP, we are required to fully serotype ALL Group D Salmonellas isolated. Thus, if Group D Salmonellas are isolated on Salmonella Culture OR Egg Rule Monitoring requests, serotyping will be completed and reported accordingly.

TESTING REQUESTED:

- A. Salmonella Identification (isolation, grouping, serotyping)
 B. Salmonella Culture ONLY (isolation, grouping)
 C. Egg Rule Monitoring (SE isolation, grouping)

Date samples taken* _____

Date samples shipped* _____

ISOLATES SAVED?

Would you like us to save an isolate(s)?
If so, what serotype? _____
Specific lab to send isolates to? _____

SPECIMENS SUBMITTED

- Chick Papers / Poult pads
 BPW Swabs
 Booties
 Drag Swabs
 Hatchery Fluff
 Other: _____

NPIP Participation

YES NO

High Priority

YES NO

Specimen Information

Flock ID	Location	Species (chicken, turkey)	Sex male/female	Age days / weeks
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Shipping Notes:

- Per NPIP, samples MUST be received by the lab within 5 days of collection. Samples received after 5 days will be processed under a disclaimer.
- Please send by overnight delivery on ice packs in an insulated box with lid (via UPS or Speedy with tracking is recommended).
- If not shipping overnight, to ensure sample integrity please add double strength skim milk during sample collection.

Authorizing Signature* _____

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