

# GENERAL SUBMISSION FORM



**Wisconsin Veterinary  
Diagnostic Laboratory**  
UNIVERSITY OF WISCONSIN-MADISON  
www.wvdl.wisc.edu

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.  
Barron, WI 54812-0097  
PH: (800) 771-8387  
FAX: (715) 449-5052

LABEL

**Is this submission for insurance claim purposes?**

**Yes**

**No**

**OWNER\***

Farm Name \_\_\_\_\_  
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.)

**SPECIMENS SUBMITTED**

*How were the tissues preserved?* Fresh Fixed Frozen

Whole Body \_\_\_\_\_ GI contents \_\_\_\_\_  
Fetus \_\_\_\_\_ Kidney \_\_\_\_\_  
Placenta \_\_\_\_\_ Liver \_\_\_\_\_  
Brain \_\_\_\_\_ Lung \_\_\_\_\_  
Heart \_\_\_\_\_ Spleen \_\_\_\_\_  
Intestine \_\_\_\_\_ Lymph Node \_\_\_\_\_  
    ▶ specify \_\_\_\_\_ ▶ specify \_\_\_\_\_

Blood \_\_\_\_\_  
Feces \_\_\_\_\_  
Serum \_\_\_\_\_  
Urine \_\_\_\_\_  
Feed \_\_\_\_\_  
Other \_\_\_\_\_  
    ▶ specify \_\_\_\_\_

**ISOLATES**

Do you want us to save an isolate (s)? **YES**

If so, what genus? \_\_\_\_\_  
Specific lab to send isolates to? \_\_\_\_\_

↓ **PLEASE CHECK ONE** ↓

*Do ONLY testing indicated.*

*Do additional testing as needed.*

**SPECIMEN INFORMATION**

<u>Animal / Specimen ID</u>	<u>Species</u>	<u>Breed</u>	<u>Sex</u>	<u>Age</u>	<u>Specimen type</u>	<u>Test(s) requested</u>
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						

## \*CAUSE OF DEATH

Chemical drugs, such as pentobarbital, used to euthanize large animals may survive the rendering process and be present in finished rendering proteins and fats. Therefore, existing federal FDA regulations and vendor policies prohibit the use of barbiturates for euthanasia of animals disposed of by rendering or landfill.

*I assume fiscal liability for barbiturate contamination of rendered product resulting from incomplete or inaccurate reporting of barbiturate use in the submitted animal.* (For more information on this policy, please visit the 'Diagnostic Resources' section of our website at [wvdl.wisc.edu](http://wvdl.wisc.edu)).

Signature of submitting veterinarian \_\_\_\_\_

Died (Indicate date of death →)

Euthanized (please specify method below ↓; date of death →) Date of Death \_\_\_\_\_

Abortion

Captive bolt/gun shot \_\_\_\_\_

Trimester: 1 2 3

Pentobarbital injection

Age of Dam/Female \_\_\_\_\_

Other chemical \_\_\_\_\_

## \*DISPOSITION OF BODY

This section **MUST** be completed for all submissions. BODIES CANNOT BE RETURNED, so it is imperative that we know the owner's wishes regarding disposal of their pet, prior to the start of any necropsy. Please choose ONE of the following options. As mentioned above, animals that have been euthanized with pentobarbital **CANNOT** be rendered (additional charges apply.)

Private Cremation

**Paw Print** (additional charges apply)

Midwest Cremation Service (Arranged and billed by WVDL)

Signature of party making disposal choice \_\_\_\_\_

Memorial Pet Service (Arranged between owner and MPS. Owner is responsible for payment)

**Group Cremation** (companion animals)

Incineration/Digestion/Rendering (WVDL will determine the method based on current regulations and guidelines. Please see our website for fees.)

## CLINICAL HISTORY (Please provide as much information as possible. Include attachments if necessary.)

Herd/Group Size \_\_\_\_\_

# Affected \_\_\_\_\_

# Dead \_\_\_\_\_

Accession number(s) of previously related submissions \_\_\_\_\_

● Clinical Signs \_\_\_\_\_

● Housing Environment & Rations \_\_\_\_\_

● Vaccination History / Treatment \_\_\_\_\_

● Tentative / Differential Diagnosis \_\_\_\_\_

● Additional Info / Comments \_\_\_\_\_