SEMEN MICROBIOLOGY SUBMISSION FORM



www.wvdl.wisc.edu

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

Veterinarian's Signature

Report results by fax (

MADISON

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

BARRON

1521 E. Guy Avenue, P.O. Box 97 ● Barron, WI 54812-0097

PH: (800) 771-8387 **FAX**: (715) 449-5052

[For Laboratory Use Only	
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☐ Chilled ☐ Warm ☐ Frozen ☐ Liquid Nitrogen

Owner		Veterinarian / Phone No / License No.			
Address	Clinic/Company				
City, State, Zip	Address				
Bill to:	City, State, Zip				
SAMPLE INFORMATION	International to		PC	CR	
Semen (indicate type) Interstate to					
Processed	Diagnostic			BLVBTVBVD	
Raw Extender:	_			EHD IBR Other	
Sexed/sorted	TESTS REQUEST	TESTS REQUESTED		Mycoplasma bovis (processed or raw)	
Species		Aerobic Culture (raw semen or swabs^)			
Bovine Other		Bacterial Count Culture (processed)		VIRUS ISOLATION	
	Bacterial identific	Bacterial Identification (your pure isolate)		BVD passages	
Breed	Campylobacter fetus-venerealis* Johne's Disease Liquid Culture (raw semen)		IBR passages		
lumber of samples		<i>Mycoplasma</i> Culture		BTV (referral)	
Date samples taken	—			EHD (referral)	
Date samples shipped	^Swab sample results are semiquantitative.		Other		
OFFICIAL IDENTIFICA	TION OFFICIAL	IDENTIFICATION	25	OFFICIAL IDENTIFICATION	
2	14		26		
3	15		27		
4	16		28		
5	17		29		
6	18		30		
7	19		31		
8	20		32		
9	21		33		
10	22		34		
11	23		35		
12	24		36		
*Samples for this test must be submitte This form contains personally identifiable i		ed for purposes other than wh	ich it wa	as collected.	

(I certify that I have correctly identified the sample(s) and verified the animal IDs.)

or e-mail(s)