

BOVINE REGULATORY 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., P.O. Box 97
Barron, WI 54812-0097
PH: (800) 771-8387
FAX: (715) 449-5052



*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 CF
- Brucellosis FPA
- Brucellosis STT
- Johnes CF
- Johnes ELISA
- Leptomat 5
- Leptomat 6
- L. Sejroe
- Q Fever CF
- Q Fever ELISA
- S. Dublin ELISA
- BLV AGID
- BLV ELISA
- BTV AGID
- BTV cELISA
- BVD ACE
- BVD P80 ELISA
- BVD SN 1&2
- EHD AGID
- EHD SN 1&2
- IBR cELISA
- IBR SN
- IBR SN OIE
- VSSN NJ&IND
- OTHER _____

Testing Information

- Export to _____
- Herd Certification _____
- Interstate Movement to _____
- Pre Purchase _____
- Retest of prior accession # _____
- Screen _____
- Semi-Annual _____
- Other _____

Molecular

Test sample(s)

- Anaplas. PCR (*wb*)
- BVD PCR (*individual, wb or serum*)
- BVD PCR (*pooled, wb or serum*)
- BTV PCR (*wb*)
- EHD PCR (*wb*)

Virus Isolation

Test sample(s)

- BVD VI - 1 pass (*serum*)
- BVD VI - 2 pass (*serum*)
- BVD VI (*wb*)
- BTV VI (*wb, R*)
- EHD VI (*wb, R*)

Key: R-referral; WB-whole blood

Sample Information

	Primary 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.)



BOVINE REGULATORY 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.	Primary ID	Secondary ID	Species	Breed	Sex	Age	Birthdate
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____