

# VENEREAL AGENTS SUBMISSION FORM



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

E-mail: [submissions@wvdl.wisc.edu](mailto:submissions@wvdl.wisc.edu)

**ADDRESS**

445 Easterday Lane  
Madison, WI 53706

Phone: (800) 608-8387  
Fax: (608) 504-2594

[www.wvdl.wisc.edu](http://www.wvdl.wisc.edu)



\* Required field

**OWNER\*** \_\_\_\_\_  
 Farm \_\_\_\_\_  
 Address\* \_\_\_\_\_  
 City\* \_\_\_\_\_  
 State\* \_\_\_\_\_ Zip \_\_\_\_\_  
 Premise ID \_\_\_\_\_  
 \_\_\_\_\_  
 Date collected\* \_\_\_\_\_  
 Date samples shipped\* \_\_\_\_\_  
 Reason for Test \_\_\_\_\_  
 \_\_\_\_\_

**Veterinarian\*** \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Clinic\* \_\_\_\_\_  
 Clinic Acct. No. \_\_\_\_\_  
 Address\* \_\_\_\_\_  
 City\* \_\_\_\_\_ State \_\_\_\_\_  
 E-Mail\* \_\_\_\_\_  
 Phone\* \_\_\_\_\_ FAX \_\_\_\_\_  
 Bill to\* \_\_\_\_\_  
 E-mail results to \_\_\_\_\_  
 \_\_\_\_\_

## Tests Requested

Test Sample(s)

Trichomonas Culture\*  
 Trichomonas Direct Exam  
 Trichomonas PCR\*^  
 Campylobacter Culture

\* Two separate trich samples (submitted in In-Pouch media) are needed if requesting BOTH culture & PCR.

^ A loss of sensitivity (up to 6 CTs) may occur when using/submitting tubes instead of pouches for Trich PCR assay.

## Sample Information

	Official ID	Secondary ID	Species	Breed	Sex	Age	Birthdate
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____

**Submitting Veterinarian's Signature\*** \_\_\_\_\_

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