

# SEROLOGY & DIAGNOSTICS SUBMISSION FORM



**Wisconsin Veterinary  
Diagnostic Laboratory**  
UNIVERSITY OF WISCONSIN-MADISON  
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**MADISON**  
445 Easterday Lane, Madison, WI  
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FAX: (608) 504-2594

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

## LABEL

\*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)

- Brucellosis BAPA
- Brucellosis FPA
- Lepto MAT 6
- Lepto MAT *Canine*
- Q Fever CF
- BLV AGID
- BTV AGID
- Anaplasmosis cELISA
- Johnes ELISA
- Q Fever ELISA
- S. Dublin* ELISA
- BLV ELISA
- BTV cELISA
- Neospora ELISA
- OPP ELISA (B)
- CAE ELISA (B)
- CL ELISA (B)
- OTHER \_\_\_\_\_

### Testing Information

Diagnostic      Abortion      Sale      Screen  
Retest of prior Accession#: \_\_\_\_\_  
Interstate to: \_\_\_\_\_  
Other: \_\_\_\_\_

### Molecular

Test sample(s)

- Anaplasmosis PCR (*WB*)
- BVD PCR Individual(*EN, WB, serum*)
- BVD PCR Pooled(*EN, WB, serum*)
- OTHER \_\_\_\_\_

Key: EN-Ear Notch; WB-whole blood; B-Barron Lab

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We have laboratories in Madison and Barron. Check to see which lab runs the test(s) you are requesting at our test and fees web page: [WVDL Test and Fees](#)

If you are requesting multiple serological tests please send a minimum of 1ml per test. Send multiple tubes if needed.

For Laboratory Use Only

### Virology

Test sample(s)

- BVD SN 1&2
- IBR SN
- IBR cELISA

### Sample Information

	Official 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.)

