

AVIAN INFLUENZA PCR SUBMISSION FORM



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

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.)

*Required field(s)

Barcode Label / Sample ID

Barn#

Turkey

Chicken

Other _____

Reason For Testing (required)*

Control area permitted movement*

Restocking per agreement*

Control/Surveillance area Testing*

NPIP AI Monitoring**

Other (sale, show, etc.)** _____

Lab Use Only:

Accession Type: *VS-AI **AI/APMV SURV
Ref #: Premise ID if applicable
Sample Code: PCOSWB
Test Code: AIMATRXPCR
Date Sampled is required

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2)

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