AVIAN SEROLOGY SUBMISSION FORM

Wisconsin Veterinary Diagnostic Laboratory
UNIVERSITY OF WISCONSIN–MADISON

BARRON
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Barron, WI 54812
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MADISON
445 Easterday Lane
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E-MAIL
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WEBSITE
www.wvdl.wisc.edu

OWNER:	
Farm:	
Address:	
City:	
State:	Zip:
Premise ID:	
Date Samples	
Date Samples Shipped:	
PO#/Payment	

Veterinarian:	
License No.:	
Clinic:	
Clinic Acct. No.:	
Address:	
City:	
State:	Zip:
Email:	

____Chicken
____Turkey
____Other

NOTE
Please complete the flock info at left to ensure accurate identification of the submitted samples.

	Building #						
	Flock #						
	Sex						
	Age						
	Quantity						Total Samples
Panels	Ckn Pnl1-AE/IBV/NDV Elisa						
	Ckn Pnl2-IBD/IBV/NDV Elisa						
	Ckn Myco Elisa 1-MG/MS						
	Tky Pnl2-BA/HE/NewC Elisa						
	Tky Myc Elisa2-MG/MM/MS						
Individual Elisa	AE						
	BART						
	HE						
	NEWC						
	APV						
	IBV						
	IBD						
Individual NPIP	AI Elisa						
	MG Elisa						
	HI						
	MM Elisa						
	HI						
	MS Elisa						
	HI						
	Pullorum Plate						
	Tube						
	Other (Specify):						