

BOVINE REGULATORY SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON
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BARRON
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Barron, WI 54812-0097
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*Required field

Owner* _____
Farm Name _____
Address* _____
City* _____ State*/Zip* _____
Premise ID _____
Date samples taken* _____
Date samples shipped* _____
Reference # _____

Veterinarian* _____
License No. _____ Clinic Acct No. _____
Clinic* _____
Bill to Account _____
Address* _____
City* _____ State*/Zip* _____
E-Mail* _____
Phone* _____ FAX _____
E-mail results to _____

Serology

Test sample(s)

- Brucellosis BAPA
- Brucellosis FPA
- Brucellosis STT
- Lepto MAT 5
- Lepto MAT 6
- L. Sejroe
- Q Fever CF
- BLV AGID
- BTV AGID
- EHD AGID
- Johnes ELISA
- Anaplasmosis cELISA
- Q Fever ELISA
- S. Dublin ELISA
- BLV ELISA
- BTV cELISA
- BVD ACE
- EHD ELISA
- OTHER _____

Testing Information

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

Molecular

Test sample(s)

- Anaplasmosis PCR (WB)
- BVD PCR Individual (WB or serum)
- BVD PCR Pooled (WB or serum)
- BTV PCR (WB)
- EHD PCR (WB)

Virology

- BVD P80 ELISA
- BVD SN 1&2
- EHD SN 1&2
- IBR cELISA
- IBR SN
- IBR SN OIE
- VS SN (NJ&IND)

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.)

