BOVINE ENTERIC DISEASE PANELS

Wisconsin Veterinary Diagnostic Laboratory
UNIVERSITY OF WISCONSIN–MADISON

MADISON
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BARRON
1521 East Guy Avenue
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Toll Free: (800) 771-8387
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LABEL

*Required field

OWNER _____

Farm _____
Address* _____
City* _____
State* _____ Zip _____
Premise ID _____
Reference # _____
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.)

TESTING OPTIONS

SCOUR PANEL A: Real-time PCR that tests for Rotavirus, Coronavirus and *Cryptosporidium* spp.

SCOUR PANEL B: Real-time PCR that tests for Rotavirus, Coronavirus and *Cryptosporidium* spp., and *Salmonella* spp.

SCOUR PANEL C: Real-time PCR that tests for Rotavirus, Coronavirus and *Cryptosporidium* spp., *Salmonella* spp., K99 *E.coli* and *E.coli* intimin gene.

JUVENILE/ADULT SCOUR PANEL: Real-time PCR tests for *Salmonella* spp. and Coronavirus.

JOHNES FECAL PCR: Tests for *Mycobacterium avium* subsp. *paratuberculosis.*

SALMONELLA **REAL-TIME PCR:** Tests for *Salmonella* spp.

ENTERIC CULTURE: Enriches for *Salmonella* spp. and assesses normal flora.

SALMONELLA **CULTURE:** Enriches for *Salmonella* spp.

FECAL FLOTATION: Checks for enteric parasites (animals >/= 3 weeks of age)

▸ Add *Salmonella* Susceptibility Testing to a fecal sample if cultured? YES

ISOLATES: Do you want us to save an isolate(s)? YES

▸ If so, what genus? _____ ▸ Specific lab to send isolate(s) to? _____

SPECIMEN INFORMATION

	Animal / Specimen ID	Species	Breed	Sex	Age	Specimen type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

NOTE: All *Salmonella* spp. PCR results that yield a CT value of less than or equal to 35, will automatically be sent for culture and serotyping. If you do **NOT** want these additional tests performed or only want one of these tests performed, please contact the WVDL immediately. For more information please see our website for a full description of our *Salmonella* workflow.

CLINICAL HISTORY - *Please provide as much information as possible.*

Herd / Group Size _____   # Affected _____   # Dead _____

Clinical Signs _____

_____

_____

_____

Housing / Environment _____

_____

_____

Ration _____

_____

_____

Vaccinations _____

_____

_____

Treatments _____

_____

_____

_____

Tentative / Differential diagnosis _____

_____

_____

_____

_____

Additional Information _____

_____

_____

_____