

AVIAN SEROLOGY SUBMISSION FORM



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

BARRON
1521 Guy Ave.
Barron, WI 54812
Phone: (715) 637-3151
FAX: (715) 449-5052

MADISON
445 Easterday Lane
Madison, WI 53706
Phone: (608) 262-5432

E-MAIL
Barron: rcb@wvdl.wisc.edu

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:	_____

	Building #	Flock #	Sex	Age	Quantity	
___ Chicken						<p>*NOTE* Complete submission information to the left in full to ensure accurate identification of submitted samples.</p> <p>Testing is completed at the <u>WVDL Barron Location</u>. Send samples directly to Barron, when possible, to ensure they are tested as soon as possible.</p>
___ Turkey						
___ Other						
P a n e l s	Ckn Pnl1-AE/IBV/NDV Elisa					Total Samples
	Ckn Pnl2-IBD/IBV/NDV Elisa					
	Ckn Myco Elisa 1-MG/MS					
	Tky Pnl2-BA/HE/NewC Elisa					
	Tky Myc Elisa2-MG/MM/MS					
I E n d i c i v a l d u a l	AE					
	BART					
	HE					
	NEWC					
	APV					
	IBV					
	IBD					
I N P i d i v i d u a l	AI Elisa					
	MG Elisa					
	HI					
	MM Elisa					
	HI					
	MS Elisa					
	HI					
Pullorum Plate						
Other (Specify):						