

INFLUENZA A IN LIVESTOCK PCR SUBMISSION FORM



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON
www.wvdl.wisc.edu
E-mail form to: ai.submissions@wvdl.wisc.edu

MADISON
445 Easterday Lane, Madison, WI
53706 PH: (800) 608-8387
FAX: (608) 504-2594

BARRON
1521 E. Guy Ave.
Barron, WI 54812-0097
PH: (800) 771-8387
FAX: (715) 449-5052



OWNER* _____
Farm Name _____
Address* _____
City* _____
State*/Zip* _____
Premise ID* _____
Date samples taken* _____
Date samples shipped* _____

*Required field(s)

Lab Use Only:

Accession Type:
*INTERSTATE MOV
**EMERGING EVENT
Ref #: Premise ID
Sample Type: MILK, MILK (POOLED) or NASAL SWAB
Test Code: AIMATRXPCR Split Bill to Account# 111569
NOACESNLEE
Date Sampled is required

VETERINARIAN* _____
License No.* _____
Clinic _____
Clinic Acct. No. _____
Address* _____
City* _____
State* /Zip* _____
Clinic Premise ID _____
E-MAIL* _____
Phone* _____ FAX* _____

Reason For Testing (required)

Interstate Movement*

Surveillance Testing (no illness)**

Sick Animals - Please contact DATCP @ 608-224-4872

Premise ID is required for USDA funding to cover testing

Official ID	Secondary ID	Species	Breed	Sex	Age	Birthdate
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Submitting Veterinarian's Signature* _____

(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)

