

# AVIAN INFLUENZA PCR SUBMISSION FORM



**Wisconsin Veterinary  
Diagnostic Laboratory**  
UNIVERSITY OF WISCONSIN-MADISON  
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**Ship to:**

**WVDL - MADISON LAB**

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

LABEL

**OWNER\***

Farm Name \_\_\_\_\_  
Address\* \_\_\_\_\_  
City\* \_\_\_\_\_  
State\*/Zip\* \_\_\_\_\_  
Premises ID\* \_\_\_\_\_  
Phone/Email\* \_\_\_\_\_  
Date samples taken\* \_\_\_\_\_  
Date samples shipped\* \_\_\_\_\_

**VETERINARIAN\***

License No.\* \_\_\_\_\_  
Clinic \_\_\_\_\_  
Clinic Acct. No. \_\_\_\_\_  
Address\* \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* /Zip\* \_\_\_\_\_  
Clinic Premises ID \_\_\_\_\_  
E-MAIL\* \_\_\_\_\_  
Phone\* \_\_\_\_\_ FAX\* \_\_\_\_\_

**Submitting Veterinarian's Signature\***

\*Required field(s)

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

Barcode Label / Sample ID#

Barn#

Turkey

Chicken

Other \_\_\_\_\_

Reason For Testing (required)\*

Control area permitted movement - OM

Restocking per agreement - S

Control/Surveillance area Testing - S

NPIP AI Monitoring - NP

Other (sale, show, etc.) - NA \_\_\_\_\_

Lab Use Only:

**Specimen Type: Cloacal and Tracheal :: Pooled Swab**  
**Test Code: Influenza A virus Matrix Real Time PCR (32330)**  
**Date Sampled is required**

**6)**

**7)**

**8)**

**9)**

**10)**

**11)**

**12)**

**13)**

**14)**

**15)**