

# INFLUENZA A - AVIAN 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  
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**Owner/Producer/Business**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Premises ID \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Client**

Veterinarian \_\_\_\_\_  
Client \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_

Account # \_\_\_\_\_

Update Client Result Emails:   
New Client Emails \_\_\_\_\_

Date Sampled \_\_\_\_\_

Submission Reference: \_\_\_\_\_ Date Shipped \_\_\_\_\_

**Reason for Submission - Required**

NPPI AI Monitoring- (NP)

Control Area Permitted Movement - (OM)

Restocking Per Agreement- (S)

Control/Surveillance Area Testing - (S)

Other- (G)(please specify) \_\_\_\_\_

**For sick bird and/or increased mortality - Please contact the DATCP State Veterinarian's office at 608-244-4872**

Sample No.	Barcode / ID / Barn #	Species	# Birds Sampled	Specimen Type
1				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
2				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
3				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB

Tube No.	Sample Number	Species or Group	# BIRDS SAMPLED	Test Type (circle one for each sample)
4				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
5				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
6				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
7				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
8				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
9				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
10				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
11				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB
12				CLOACAL SWAB(S) TRACHEAL SWAB(S) OROPHARYNGEAL SWAB(S) POOLED CLOACAL/OROPHARYNGEAL SWAB POOLED CLOACAL/TRACHEAL SWAB