



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

Email Forms to: submissions@wvdl.wisc.edu
Website: www.wvdl.wisc.edu

BVD PCR NASAL SWAB SUBMISSION FORM

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

BARRON
1521 E. Guy Ave.,
P.O. Box 97
Barron, WI 54812-0097
Phone: (800) 771-8387
FAX: (715) 449-5052

NEW ACCOUNT

LABEL

* Required field

<p>OWNER* _____ Farm _____ Address* _____ City* _____ State* _____ Zip _____ Premise ID _____ Date samples taken* _____ Date samples shipped* _____</p> <p>SUBMITTING VETERINARIAN'S SIGNATURE* _____ <i>(Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian.)</i></p>	<p>VETERINARIAN* _____ License No.* _____ Clinic* _____ Clinic Acct. No. _____ Address* _____ City* _____ State* ____ Zip _____ Clinic Premise ID _____ E-MAIL* _____ Phone* _____ FAX* _____</p>
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Lab Use Only Below

NOTE: Nasal swabs must be polyester-tipped plastic shaft swabs submitted in 96-deep well plate. Supplies available to order on WVDL website.

PAGE _____ OF _____

	Pooled			Individual			**Bovine Only**					
	1	2	3	4	5	6	7	8	9	10	11	12
A	1	2	3	4	5	6	7	8	9	10	11	12
B	13	14	15	16	17	18	19	20	21	22	23	24
C	25	26	27	28	29	30	31	32	33	34	35	36
D	37	38	39	40	41	42	43	44	45	46	47	48
E	49	50	51	52	53	54	55	56	57	58	59	60
F	61	62	63	64	65	66	67	68	69	70	71	72
G	73	74	75	76	77	78	79	80	81	82	83	84
H	85	86	87	88	89	90	91	92	93	94	95	96