

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 a t o r s	AE						
	BART						
	HE						
	NEWC						
	APV						
	IBV						
	IBD						
I N P i d i c a t o r s	AI Elisa						
	MG Elisa						
	HI						
	MM Elisa						
	HI						
	MS Elisa						
	HI						
Pullorum Serum Plate Agglutination							
Other (Specify):							