

# 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

<b>OWNER:</b>	
Farm:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Premise ID:	_____
Date Samples	_____
Date Samples Shipped:	_____
PO#/Payment	_____

<b>Veterinarian:</b>	
License No.:	_____
Clinic:	_____
Clinic Acct. No.:	_____
Address:	_____
City:	_____
State:	_____ Zip: _____
Email:	_____

	Building #	Flock #	Sex	Age	Quantity		
___ Chicken							<p><b>*NOTE*</b> 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							
<b>P a n e l s</b>	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						
<b>I E n d i c i v a r i a n t i o n a l</b>	AE						
	BART						
	HE						
	NEWC						
	APV						
	IBV						
	IBD						
<b>I N P i d i c i v i d u a l</b>	AI Elisa						
	MG Elisa						
	HI						
	MM Elisa						
	HI						
	MS Elisa						
	HI						
Pullorum Plate							
Other (Specify):							