

# INFLUENZA A IN LIVESTOCK PCR SUBMISSION FORM



**Wisconsin Veterinary  
Diagnostic Laboratory**

UNIVERSITY OF WISCONSIN-MADISON  
www.wvdl.wisc.edu

E-mail form to: submissions@wvdl.wisc.edu

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

**BARRON**  
1521 E. Guy Ave.  
Barron, WI 54812-0097  
PH: (800) 771-8387  
FAX: (715) 449-5052



LABEL

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

\*Required field(s)

Lab Use Only:

Accession Type:  
\*INTERSTATE MOV  
\*\*EMERGING EVENT  
\*\*\*HEALTH MONITORI  
Ref #: Premises ID  
Sample Type: MILK, MILK (POOLED) or NASAL SWAB  
Test Code: AIMATRXPCR Split Bill to Account# 111569  
NOACESNFEE  
Date Sampled is required

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

Reason For Testing (required)

Interstate Movement\*

Surveillance Testing (no illness)\*\*

Exhibition (Show, Fair, Rodeo, etc)\*\*\*

Sick Animals - Please contact DATCP @ 608-224-4872

## Premises ID is required for USDA funding to cover testing

Official ID	Secondary ID	Species	Breed	Sex	Age	Birthdate
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**Submitting Veterinarian's Signature\*** \_\_\_\_\_

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

