

SEMEN AND VENEREAL AGENTS SUBMISSION FORM



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

www.wvdl.wisc.edu

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MADISON
445 Easterday Lane
Madison, WI 53706-1253
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

Lab Use Only

Owner/Producer/Business
Name _____
Address _____
City _____ State/Zip _____
Premises ID _____ Phone _____
Email _____
Email results to owner

Client **Account #** _____
Veterinarian _____
Clinic/Company _____
Address _____
City _____ State/Zip _____
Phone _____ Fax _____
Update Client Result Emails
New Client Emails _____

Bill to: Client Third Party Client
Third Party Account # _____

Also Email Results to Third Party: _____

Submission Reference: _____ **Date Sampled** _____

Date Shipped _____

Testing Information

- Export to _____
- International Movement
- Surveillance
- Other _____
- Interstate Movement
- Screen
- Herd Certification
- Pre-purchase
- Diagnostic
- Semi-Annual
- Sale
- Abortion

Semen Testing

Semen Information

Type:

- Processed
- Sexed/Sorted
- Raw

Number of Samples _____

Molecular Testing

- BHV-1(IBR) PCR (30263)
- BLV PCR (30315)
- BTV PCR (30133)
- BVD PCR (30536)
- EHD PCR (31043)
- Mycoplasma* *bovis* PCR (31628) **[Processed or Raw]**

Virus Isolation

- BTV VI (84633 NVSL Referral)
- EHD VI (84646 NVSL Referral)
- BHV-1 (IBR) VI _____ Passes
- BVD VI _____ Passes

Bacteriology Testing

- Aerobic Culture (10027) **[raw semen]**
- Bacterial Count (10105) **[Processed]**
- Mycoplasma* Culture (10677)

Other Semen testing _____

Venereal Agents

Test Animal(s) #
All will be tested if left blank

Tritrichomonas foetus Culture¹ (10911) to _____
Tritrichomonas foetus Direct Exam (10924) to _____
Campylobacter fetus venerealis Culture (10976) to _____
Tritrichomonas foetus Real Time PCR¹ (32174) to _____

¹ Two separate trich samples (submitted in In-Pouch media) are needed if requesting BOTH culture & PCR.

Submitting Veterinarian's Signature

*Signature indicates that specimen(s) were collected by or under the supervision of the signing veterinarian. Please visit our website for our submission guidelines.

Opened By

Sample Condition: Good Broken Leaked
Temp: Cool/Ice Pack Warm Liquid Nitrogen
 Semen
 GW _____

Lab Use Only

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Clinic _____

Owner Name _____

Animal Information _____

If submitting more than 10 animals please use the Multiple Animal Spreadsheet for animal information instead of these fields.

Animal IDs

Species

Breed

Sex

Age

Sample Date

1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____
21.	_____	_____	_____	_____	_____
22.	_____	_____	_____	_____	_____
23.	_____	_____	_____	_____	_____
24.	_____	_____	_____	_____	_____
25.	_____	_____	_____	_____	_____
26.	_____	_____	_____	_____	_____
27.	_____	_____	_____	_____	_____
28.	_____	_____	_____	_____	_____
29.	_____	_____	_____	_____	_____
30.	_____	_____	_____	_____	_____