

GENERAL SUBMISSION FORM



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

www.wvdl.wisc.edu

Email: submissions@wvdl.wisc.edu

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:
Also Email Results to Third Party: _____

Client

Account # _____

*Veterinarian _____
*Clinic/Company _____
Address _____
*City _____ *State/Zip _____
Phone _____ Fax _____
Update Client Result Emails:
New Client Emails _____
* Required Fields

Date Shipped _____

Submission Reference: _____ Date Sampled _____

Animal Information

#	Animal ID	Species	Breed	Sex	Age
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

If submitting more than 5 animals please use the Multiple Animal Spreadsheet for animal information instead of these fields

Specimen and Test Information

Specimen type*	Animal #s	Sampled Date	Test Requested	Test Code
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*For tissue submissions please use Necropsy/Biopsy Form

Susceptibility and Isolate Saving

- Add susceptibility testing to cultures requested. Pathogens of interest _____
- Save Isolates from cultures requested. Genus to save: _____ Send to lab _____

*Susceptibility and isolate saving can only be performed when a culture is requested. It cannot be done if only PCR is requested.

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 Frozen

Lab Use Only

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Clinic _____ Owner Name _____

Herd/Group Size _____ # Affected _____ # Dead _____

Clinical Signs

Vaccinations / Treatments

Housing, Environment, and Rations

Tentative / Differential Diagnosis

Additional Information

FM-CL-SUB-7 SOP: ACASEREVIEW In Use: 6/25/24