Print Form

MICROBIOLOGY SUBMISSION FORM

UW Veterinary Care
University of Wisconsin-Madison
VETERINARY MEDICAL TEACHING HOSPITAL

Clinical Pathology Laboratory
Veterinary Medical Teaching Hospital
University of Wisconsin-Madison
2015 Linden Drive
Madison, WI 53706

Phone: 608-263-9934
Fax: 608-265-5626
Hours: M-F 8:00 am-5:00 pm CST

CONTACT INFORMATION-Clinic/Veterinarian

Clinic Name: _____

UW Veterinary Care Account #: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Email: _____

Veterinarian: _____

Phone: _____

Email: _____

PATIENT INFORMATION

Owner: _____
(last) (first)

Animal: _____
(Name/ID)

Species: _____

Breed: _____

Age: _____ Sex: ☐ F ☐ FS ☐ M ☐ MC

HISTORY

Pertinent Case History:

On Antibiotics: ☐ Yes ☐ No If Yes, Specify:

SPECIMEN INFORMATION

Date Collected: Time: ☐ AM ☐ PM

Indicate specimen type (bone, fluid, swab, or tissue), urine collection method:

Specimen Source: (Specify Site)

☐ Bone ☐ Fluid ☐ Swab ☐ Tissue
☐ Urine-Cysto ☐ Urine-Cath ☐ Urine-Void

TESTS

Special Requests:

Note: If submitting a swab for culture, submit one swab per culture type requested

☐ Aerobic Culture & Susceptibility

☐ Aerobic Culture NO Susceptibility

☐ Anaerobic Culture
(Specimen must be in appropriate transport media for anaerobic bacteria)

☐ Blood Culture (No. of Sets)

☐ Quarter Milk Culture
(Submit individual quarters, charge includes all quarters)

☐ Gram Stain ☐ STAT

☐ Acid Fast Stain

☐ Fungal Culture

☐ Fecal Culture

☐ Mycoplasma Culture

☐ Campylobacter Culture

☐ Ureaplasma Culture

☐ Necropsy Aerobic Culture

☐ Necropsy Tissue Culture

☐ Necropsy Fecal Culture