



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

MICROBIOLOGY SUBMISSION FORM

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

Print Form

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: _____
DOB: _____ 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

☐ Blood Culture (No. of Sets)

☐ Gram Stain

☐ STAT

☐ Aerobic Culture NO Susceptibility

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

☐ Acid Fast Stain

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

☐ Fungal Culture

☐ Necropsy Aerobic Culture

☐ Fecal Culture

☐ Mycoplasma Culture

☐ Necropsy Tissue Culture

☐ Campylobacter Culture

☐ Ureaplasma Culture

☐ Necropsy Fecal Culture

☐ Yersinia Culture

Other: