



MICROBIOLOGY SUBMISSION FORM

Print Form

Clinical Pathology Laboratory
 Veterinary Medical Teaching Hospital
 University of Wisconsin-Madison
 2015 Linden Drive, Room 2825 North
 Madison, WI 53706

Phone: 608-263-9934
 Hours: M-F 8:00 am-5:00 pm CST
 clinpathlab@vetmed.wisc.edu

CONTACT INFORMATION-Clinic/Veterinarian **PATIENT INFORMATION**

Clinic Name:	Owner:				
UW Veterinary Care Account #:	(last)	(first)			
Address:	Animal:				
City, State, Zip:	(Name/ID)				
Phone:	Species:				
Fax:	Breed:				
Email:	DOB:	Sex:	F	FS	M MC
Veterinarian:					
Phone:					
Email:					

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: