



95 S Harris Ave Suite 203
 Waupun WI 53963
 920-324-3831

Johne's Disease Submission Form

Owner _____

Veterinary Name _____

Address _____

Veterinary License # _____

Veterinary Clinic Name _____

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

Premise ID _____

Ph _____

Veterinary Signature _____

E-mail _____

Fax _____

Reason for submission

Sample Submitted

Diagnostic _____

Milk _____

Certification _____

Serum _____

Owner sampled: _____

Date collected: _____

Date submitted: _____

Date Finalized: _____

Accession number:

Sample	Official ID	BARN ID	AGE	SEX	ELISA	Result
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Owner

Sample	Official ID	BARN ID	AGE	SEX	ELISA	Result
16						
17						
18						
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