

**VETERINARY DIAGNOSTIC CENTER
BVD-PI Skin Biopsy Submission Form**

**Mailing Address: P.O. Box 82646
Lincoln, NE 68501-2646**

**Delivery Address: Room 230A NVDC
4040 East Campus Loop North
Lincoln, NE 68583-0907**

Phone: (402) 472-1434

Fax: (402) 472-3094

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nvdl.unl.edu

Updated 30 Aug 2018

Office Use Only

Accession Number _____

Date Received _____ Case Coordinator _____

Date Results Sent _____ Date Results Phoned _____

Invoice _____ Referral _____

Veterinarian:			Owner:		
Clinic:			Address:		
Address:			City:	State:	Zip:
City:	State:	Zip:	Phone:	Date Mailed:	
Phone:	Fax #:	Send Results by: Mail <input type="checkbox"/>		Fax # <input type="checkbox"/>	E-mail <input type="checkbox"/>
E-mail Address:			E-mail Address:		

Reports Results to: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer <input type="checkbox"/> Third Party	Third Party Address:		
Person to be Billed: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer <input type="checkbox"/> Third Party	City:	State:	Zip:

State Fair Testing (4H and FFA only)

If ear notches are unfixed please circle testing to be done: IHC or PCR

Dairy Beef

Retest of previous submission Previous Accession Number _____

Please fill out a separate form for any "retest" samples.

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result
1						
2						
3						

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result
4						
5						
6						

Number Negative _____

Number Positive _____

Total Tested _____

Date Reported _____

Initials _____

