

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

Fair Street and East Campus Loop Mailing  
Address: P.O. Box 82646  
Delivery Address: 4040 East Campus Loop North  
Lincoln, NE 68583-0907

Phone: (402) 472-1434  
Fax: (402)472-3094  
E-mail: vdc@unl.edu  
Website: <https://vbms.unl.edu/nvdl>

Accession Number		
Date Rec'd	Case Coordinator	Referral No.
Effective Date	Review Date	
09Aug2019	30Dec2020	

Client/Account #	PO or UNL Cost Object	Owner:	
Clinic:	Veterinarian:	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"/>
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:

Dairy  Beef  Retest of previous submission Previous Accession Number:

Complete a separate form for any "retest" samples

State Fair Testing (4H and FFA only) If ear notches are unfixed check testing to be done  IHC  PCR

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result
1						
2						
3						
4						

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result
5						
6						
7						
8						

Number Negative \_\_\_\_\_

Number Positive \_\_\_\_\_

Total Tested \_\_\_\_\_

Date Reported \_\_\_\_\_

Initials \_\_\_\_\_

<i>BLK</i>	<b>Tube #</b>	<b>Animal Identification</b>	<b>Other ID</b>	<b>Sex</b>	<b>Age</b>	<b>Result</b>

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