



VETERINARY DIAGNOSTIC CENTER
CWD Submission Form

Office Use Only

FRM-VDC-033 6.0

Copies of this form are located in room 238
and on the NVDC's Website

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

Phone: (402) 472-1434

Delivery Address: 4040 East Campus Loop North
Lincoln, NE 68583-0907

E-mail: vdc2@unl.edu
<https://vbms.unl.edu/nvdl>

Accession Number		
Date Rec'd	Case Coordinator	Referral No.
Effective Date		Review Date
15Jul2023		15Jul2024

Hunter (Owner) Information			Landowner Information		
*Name:			Name:		
*Address:			Address:		
*City:	*State:	*Zip:	City:	State:	Zip:
*Phone:	Fax:		Phone:	Owner Fax:	
E-mail Address:			County:		
Report Results to: <input type="checkbox"/> NGPC			NGPC Tag Number		
Report Results to: <input type="checkbox"/> Owner (requires full street or e-mail address)			Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

*Required Information

Testing Information
<input type="checkbox"/> Chronic Wasting Disease (CWD) Immunohistochemistry

Animal Information
White Tailed Deer <input type="checkbox"/> Mule Deer <input type="checkbox"/> Elk <input type="checkbox"/> Other
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Age: Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult <input type="checkbox"/>
2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4-5 yrs <input type="checkbox"/> 6-8 yrs <input type="checkbox"/> 9-12 yrs <input type="checkbox"/> 12+ yrs <input type="checkbox"/>
Any abnormalities noted:

Payment Information	
<input type="checkbox"/> Credit Card	All tests are subject to a Submission Fee of \$17.00 in addition to the CWD Test Fee of \$40.70
<input type="checkbox"/> Check	
<input type="checkbox"/> Cash (if paying by cash, exact amount only)	