

**VETERINARY DIAGNOSTIC CENTER
Swine Submission Form**

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Lincoln, NE 68501-2646

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

E-mail: vdc@unl.edu
<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:	Owner Fax:
Phone: Fax:	E-mail Address:	
E-mail Address:		
Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail Date Mailed:		
Report Results to: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer Person to be Billed: <input type="checkbox"/> Veterinarian <input type="checkbox"/> Owner/Producer PIN#		
<input type="checkbox"/> Third Party Bill Name: Address: City: State: Zip:		

Animal Information Section

Use page 3 to list multiple animals

Species: _____ Breed: _____ Age: _____ Animal ID: _____ Sex: M F CM SF
 No. Animals Ill: _____ No. Animals Dead: _____ Total Animals At Risk: _____ Time Between Death &

Specimens Submitted and History Section

Necropsy: Below, list the number for each specimen submitted **Number of whole animals submitted for necropsy** _____ **Collection Date:** _____

	Fixed	Fresh		Fixed	Fresh		Fixed	Fresh	
Brain			Spleen			Lymph Node			Ocular Fluid
Heart			Kidney			Thymus			Serum/Plasma
Lung			Small Intestine			Tonsil			Stomach Contents
Liver			Large Intestine						Feces
									Urine

Submit the following for abortions: heart, lung, liver, brain, placenta, kidney, thymus, stomach contents

Presenting Complaint: (List a general description of the herd or group rather than data for the individual animal(s) submitted.)

- Abortion Dermatologic Diarrhea/Enteric Musculoskeletal/Lame Neurologic
 Reproductive Respiratory Tumor/Neoplasm Unthriftiness Urinary Unexpected Death

Discretion of the Lab: ***POOLING OF SAMPLES WILL ONLY BE CONDUCTED UPON REQUEST.***

Please mark this box if all or some testing should be determined by the lab. You may wish to select some tests and have the lab determine the need for additional tests. If not marked, only the tests marked on page 2 will be performed.

Special instructions, History, Clinical/Necropsy Findings and/or Treatments:

Export Testing

It is the responsibility of the referring veterinarian to request the appropriate tests for export. The VDC will run only tests requested by the referring veterinarian. For export information and regulations, call (State Veterinarian) 402-471-2351 or (Federal Veterinarian) 402-434-2300.

Testing Section

Supplies (Insert number needed)

- Bacterial Culture Swabs
- Biopsy Mailers
- Collection Tubes 50ml 15ml 4.5ml
- Campylobacter* Transport Media
- Deep Nasal Swab Kits 3 animal kit 6 animal kit
- Tritrichomonas* In-pouches (Culture)
- Tritrichomonas* Transport Tubes (PCR)
- Viral Transport Media
- Guarded Swabs

Pathology

Necropsy

- Gross Only
- Gross and Histopathology
- Gross and Discretion of Lab
- Research
- Spinal Cord Removal
- Postmortem Exam

Histopathology

- Fixed Tissue
- Clinical Pathology**
- Exfoliative Cytology
- Serum chemistry
- Total Protein
- Urinalysis
- Urine Cytology
- White blood cell count

Bacteriology

- Aerobic Culture
- Anaerobic Culture
- Antimicrobial susceptibility
- Clostridium difficile* Antigen
- Gram Stain
- Fungal Culture
- Listeria* Culture
- Salmonella* Culture

Parasitology

- Fecal Floatation
- Gross Exam
- Larval Culture
- Quant Fecal Egg Count
 - STAT Testing (see fee schedule for turn-around-time and pricing)

Commercial Lab Vaccine Production

- Forward isolate to the selected lab
- Save Isolate for Possible Vaccine
- Addison Lab
- American Animal Health Lab
- Cambridge Lab
- Huvepharma Lab
- Newport Lab
- Phibro Lab
-

Toxicology (Referred to Another Lab)

- Cholinesterase
- Lead
- Mineral Panel
- Mycotoxins (feed)
- Nitrates
- Selenium
- Sodium Chloride
- Toxin Screen by GC-Mass Spec
- Vitamin A
- Vitamin E

Molecular Diagnostics

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> <i>Chlamydomphila</i> spp. <input type="checkbox"/> Circovirus <input type="checkbox"/> Circovirus Sequencing <input type="checkbox"/> <i>Clostridium perfringens</i> typing <input type="checkbox"/> Delta Coronavirus <input type="checkbox"/> <i>E coli</i> typing <input type="checkbox"/> <i>Lawsonia intracellularis</i> <input type="checkbox"/> <i>Listeria monocytogenes</i> <input type="checkbox"/> <i>Mycoplasma hyopneumoniae</i> <input type="checkbox"/> <i>Mycoplasma hyosynoviae</i> | <ul style="list-style-type: none"> <input type="checkbox"/> <i>Mycoplasma</i> spp. <input type="checkbox"/> Parvovirus <input type="checkbox"/> Porcine Reproductive and Respiratory Syndrome (PRRSV) <input type="checkbox"/> PRRSV European <input type="checkbox"/> PRRSV RFLP/Sequencing <input type="checkbox"/> Porcine Rotavirus A, B, C <input type="checkbox"/> Pseudorabies Virus (PRV) <input type="checkbox"/> Seneca Valley Virus (SVV) <input type="checkbox"/> Swine Influenza Virus (SIV) |
|---|--|

Molecular Diagnostics Multiplex Disease Panels

- Porcine Enteric Disease Panel (PEDV, TGE, Rotavirus A, B, C)
- PEDV and TGE Realtime PCR
- Pan-coronavirus PCR

ELISA

- Mycoplasma hyopneumoniae*
- Porcine Parvovirus HAI (PPV)
- Porcine Reproductive/Respiratory Syndrome (PRRS)
- Pseudorabies Virus (gI) (PRV)*
- Pseudorabies Virus Screening (gB) (PRV)*
 - *Requires Form PR 02 for PRV serology
- Swine Influenza HAI, H1N1 (SIV)
- Swine Influenza HAI, H3N2 (SIV)

Serology

Bacterial Serology

- Brucella suis* Antigen Test*
 - BAPA Test*
 - Card Test*
 - Standard Plate Test (SPT)*
 - Complement Fixation (CF)*
- *Requires VS Form 4-33 Brucellosis Test Record
- Leptospira* Microagglutination (MAT)

Virology

- Rabies FA
- For probable human exposure rabies cases go to: <https://dhhs-nedss2.ne.gov/rabies/fs/index.xhtml>
- Electron Microscopy (EM)
- Virus Isolation (VI)

Additional Testing Not Listed

