

Veterinary Diagnostic Center

Canine, Feline, Equine & Other Submission Form

Mailing Address: PO Box 82646

Lincoln NE 68501-2646

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Delivery Address: 4040 East Campus Loop North

Lincoln NE 68583-0907

Email: vdc2@unl.edu

<https://vbms.unl.edu/nvdl>

Opened/Rec'd by:	Copies of this form are located in the overnight specimen deposit coolers, room 238, and on the NVDC's Website
Accession Number	

Date Rec'd	Case Coordinator	Referral No.
Effective Date		Review Date
10Nov2023		10Nov024

Client/Account #:	PO or UNL Cost Object:	Date Mailed:	Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email		
Clinic:	Veterinarian:	Owner:			
Address:			Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Phone:	Fax:	Phone:	Fax:		
Email Address:			Email Address:		
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		Premise ID:	
<input type="checkbox"/> Third Party Bill	Name:	Address:	City:	State:	ZIP:

Animal Information Section

Species:	Breed:	Age:	Animal ID:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> N <input type="checkbox"/> S
No. Animals Ill:	No. Animals Dead:	Total Animals At Risk:	Time Between Death & Necropsy:	

Specimens Submitted

List the number of each specimen submitted below. Number of whole animals submitted for necropsy: Collection Date:

	Fixed	Fresh		Fixed	Fresh		Fixed	Fresh	
Brain			Kidney			Spleen			Feces
Heart			Liver			Thymus			Milk
Intestine (Large)			Lung			Tonsil			Ocular Fluid
Intestine (Small)			Lymph Node			Other:			Serum/Plasma
Submit the following for abortions: abomasal contents, brain, heart, kidney, liver, lung, placenta, thymus						Swab: # submitted: _____	Urine		
						Collection site(s): _____			

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

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

Tube #	Animal ID	Date	Species	Breed	Age

Supply Order (Insert desired quantity below)

Bacterial Culture Swabs

Biopsy Mailers***

Cardboard 10x10 Grid Box (holds 100 tubes)

Campylobacter Transport Media

Collection Tubes*** 50mL 15 mL 4.5 mL

Deep Nasal Swab Kits

Guarded Swabs

Trichomonas In-pouches (Culture)

Trichomonas PBS (Yellow Lids-PCR)*** Trichomonas

Transport Tubes (Red Lids-PCR)

Viral Transport Media ***No Charge

For more than 10 animals, email the VDC an Excel list of ID's to vdc2@unl.edu and make note of it above. Please call if you have any questions.

History/Additional Testing Not Listed:

Discretion of the Lab: 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 will be performed.

****If no tests are marked, "Discretion of the Lab" will be assumed****

Pathology		
<input type="checkbox"/> Necropsy	<input type="checkbox"/> Histopathology	<input type="checkbox"/> Clinical Pathology
<input type="checkbox"/> Gross Only	<input type="checkbox"/> Biopsy	<input type="checkbox"/> Exfoliative Cytology
<input type="checkbox"/> Gross & Discretion of Lab	<input type="checkbox"/> Brain	<input type="checkbox"/> Total Protein
<input type="checkbox"/> Spinal Cord Removal	<input type="checkbox"/> Fixed Tissue	<input type="checkbox"/> Urinalysis
		<input type="checkbox"/> Urine Cytology

If you have any questions regarding any test listed or not, you can call us or visit our online test catalog at <https://vbms.unl.edu/nvdc-tests-fees>

Parasitology	
<input type="checkbox"/> AF stain for Cryptosporidia	<input type="checkbox"/> Giardia/Crypto Antigen
<input type="checkbox"/> Baermann Technique	<input type="checkbox"/> Parasite Gross or Microscopic ID
<input type="checkbox"/> Fecal Floatation	<input type="checkbox"/> Quant Fecal Egg Count
<input type="checkbox"/> Feline Fecal Trich Culture	<input type="checkbox"/> STAT Testing

Serology	
<input type="checkbox"/> Brucella canis IFA	<input type="checkbox"/> Rocky Mountain Spotted Fever IFA
<input type="checkbox"/> Ehrlichia canis IFA	<input type="checkbox"/> Tick Screen (RMSF, Lyme & E. canis)
<input type="checkbox"/> Equine Infectious Anemia (EIA)	<input type="checkbox"/> West Nile IgG
<input type="checkbox"/> Lepto MAT (6 serovars)	<input type="checkbox"/> West Nile IgM
<input type="checkbox"/> Lyme Disease IFA	

Bacteriology	
<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Fungal (KOH) Prep
<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Gram Stain
<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> Listeria Culture
<input type="checkbox"/> Campylobacter Culture	<input type="checkbox"/> Milk/Mastitis Culture
<input type="checkbox"/> Clostridium difficile Antigen & Toxin	<input type="checkbox"/> Organism ID (MALDI-TOF ID)
<input type="checkbox"/> FA for Clostridium novyi, chauvoei, septicum & sordellii	<input type="checkbox"/> Salmonella Culture
<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Water Culture for Coliforms

Commercial Lab Vaccine Production

Save isolates for possible vaccine

Forward isolate to the selected lab:

Addison lab

American Animal Health Lab

Cambridge Lab

Huvepharma Lab

Newport Lab

Phibro Lab

Other: _____

Toxicology (Referred to another lab)
<input type="checkbox"/> Lead
<input type="checkbox"/> Mineral Panel
<input type="checkbox"/> Nitrates (bio fluids, water or forage)
<input type="checkbox"/> Toxin Screen by GC-Mass Spec
<input type="checkbox"/> Vitamin A
<input type="checkbox"/> Vitamin E

Virology	
<input type="checkbox"/> Rabies (FA)	<input type="checkbox"/> Virus Isolation

For probable human exposure rabies cases go to:
<https://dhhs-nedss2.ne.gov/rabies/fs/index.xhtml>

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.

Molecular Diagnostics (PCR)							
Specimen (Please circle/highlight specimen submitted)							
<input type="checkbox"/>	Bacillus anthracis	Spleen	Whole Blood (purple top)	Sanguineous Fluid			
<input type="checkbox"/>	Canine Distemper Virus	Serum	Conjunctival Scrapings	Urine	Whole blood (purple top)	CSF	Feces
<input type="checkbox"/>	Canine Herpesvirus	Tissue (Brain, Lung, Lymph node, Tonsil or Intestine)					
<input type="checkbox"/>	Canine Influenza Virus	Swab (Nasal, Pharyngeal or Ocular) Swab must be submitted in viral transport media or 0.25 ml sterile saline					
<input type="checkbox"/>	Canine Parvovirus	Tissue (Lung, Liver, Spleen, Lymph node or Tonsil) Swab (Nasal or Pharyngeal) Washes (Tracheal or BAL)					
<input type="checkbox"/>	Chlamydia spp. Realtime PCR	Swab (Nasal or Pharyngeal) in Viral Transport Media or BHI (Brain Heart Infusion Medium) Lung Tissue					
<input type="checkbox"/>	C. perfringens typing	Gel bacterial swabs are not acceptable					
<input type="checkbox"/>	E. coli typing	Feces	Intestinal Contents	Intestine			
<input type="checkbox"/>	Equine Herpes Virus-1	Aborted fetal tissue (Liver, Lung or Spleen) Fluid (Peritoneal, Pericardial or Thoracic)					
<input type="checkbox"/>	Equine Influenza	Swabs (Conjunctival, Nasal, Pharyngeal, Bronchial, Vulvar, Joint, Oropharyngeal)					
<input type="checkbox"/>	Equine Viral Arteritis	Live organism	Feces	Small/Large Intestine	Fecal swabs		
<input type="checkbox"/>	Feline Calcivirus	Feces	Intestine	Fresh tissue			
<input type="checkbox"/>	Feline Herpesvirus	Nasal swab	Lung				
<input type="checkbox"/>	Feline Infectious Peritonitis (FIP)	Swab (Nasal or Pharyngeal) in Viral Transport Media or BHI (Brain Heart Infusion Medium) Lung Tissue					
<input type="checkbox"/>	Feline Parvovirus	Gel bacterial swabs are not acceptable					
<input type="checkbox"/>	Fungal Sequencing (ITS)	Swabs (Nasopharyngeal or Conjunctival) Semen					
<input type="checkbox"/>	Leptospira spp.	Nasal swab	Lung				
<input type="checkbox"/>	Listeria monocytogenes & ivanovii	Swab (Nasal or Pharyngeal) Lung					
<input type="checkbox"/>	M. haemofelis/haemominutum	Abdominal fluid Tonsil					
<input type="checkbox"/>	Mycoplasma spp.	Feces	Intestinal Contents	Intestine			
<input type="checkbox"/>	PARR	Isolate					
<input type="checkbox"/>	Ureaplasma spp.	Urine	Kidney	Liver			
<input type="checkbox"/>		Brain Stem	Placenta	Tissues			
<input type="checkbox"/>		Whole Blood (purple top)					
<input type="checkbox"/>		Swab Affected tissue Body Fluid					
<input type="checkbox"/>		Formalin-fixed Tissue Formalin Fixed Paraffin Embedded Tissue					
<input type="checkbox"/>		Swab Affected tissue Body Fluid					

Panels:

Equine Herpes Virus-1 & 4 (EHV 1/4)
Nasal swab, Lung, Whole Blood (purple top)

Feline Multiples PCR (F. Herpes, F. Chlamydia, F. Calcivirus)
Swab (Nasal or Pharyngeal), Lung