

**Veterinary Diagnostic Center
Ruminant Submission Form**

| | | | |
|-----------------------|---|--------------------|--|
| Opened/Rec'd by: | Copies of this form are located in room 238 and on the NVDC's website | | |
| Accession Number | | | |
| Date Rec'd | Case Coordinator | Referral No. | |
| Effective Date | | Review Date | |
| 27Mar2024 | | 27Mar2025 | |

Mailing Address: PO Box 82646
Lincoln NE 68501-2646

Phone: 402-472-1434

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

Email: vdc2@unl.edu

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

| | | | | | |
|-------------------|------------------------|--------------|--|--------|------|
| 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

| No. Animals Ill: | No. Animals Dead: | Total Animals At Risk: | Time Between Death & Necropsy: | | | | | | | | |
|------------------|-------------------|------------------------|--------------------------------|-------|-----|--------|-----------|-----|---------|-------|-----|
| Tube # | Animal ID | Sex | Species | Breed | Age | Tube # | Animal ID | Sex | Species | Breed | Age |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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 | Feces | | |
| Brain | | | Kidney | | | Spleen | | | Milk | | |
| Heart | | | Liver | | | Thymus | | | Ocular Fluid | | |
| Intestine (Large) | | | Lung | | | Tonsil | | | Serum/Plasma | | |
| Intestine (Small) | | | Lymph Node | | | Other: | | | Stomach Contents | | |
| 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

History:



With this submission, I agree to abide by the policies of the NVDC.
<https://vbms.unl.edu/nvdc-general-policies>

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****



All supply orders should be submitted online at <https://vbms.unl.edu/Supply-Order-Form>

Toxicology (Referred to another lab)

Copper Nitrates/Nitrites Other: _____
 Lead (bio fluids, water or forage)
 Vitamin A Toxin Screen by GC-Mass Spec
 Vitamin E Trace Minerals

Pathology

Necropsy Gross Only Gross & Discretion of Lab Spinal Cord Removal

Histopathology Biopsy Brain Fixed Tissue

Clinical Pathology Cytology: Morphological Review Total Protein Urinalysis: Dipstick, USG & Sediment (crystal & cell counts only)

Serology

Anaplasmosis (ELISA) IBR (SN)
 Bluetongue (ELISA) Johne's (ELISA)
 BLV (ELISA) Lepto MAT (6 serovars)
 BRSV (SN) Neospora caninum (ELISA)
 CAE/OPP (ELISA) Pregnancy (ELISA)
 EHD/BT (AGID)

Requires VS Form 4-33 Brucellosis Record

Brucella abortus: BAPA Card Test CF*
 Brucella melitensis - goats only
 Brucella ovis - sheep only*
***Referred to another lab**

Parasitology

AF stain for Cryptosporidia Giardia/Crypto Antigen
 Baermann Technique Parasite Gross or Microscopic ID
 Fecal Floatation Quant Fecal Egg Count STAT Testing
 Flukefinder Nematode Speciation PCR (min. 10 gm of feces)

Bacteriology

Aerobic Culture Gram Stain
 Anaerobic Culture Listeria Culture
 Antimicrobial Susceptibility Mannheimia haemolytica Typing MALDI
 Campylobacter Culture Milk/Mastitis Culture
 FA for Clostridium novyi, Moraxella bovoculi Typing MALDI
 chauvoei, septicum & sordellii Mycoplasma Culture
 Fungal Culture Salmonella Culture

Commercial Lab Vaccine Production

Save isolates for possible vaccine
 Forward isolate to the selected lab:
 Addison lab Huvepharma Lab
 American Animal Health Lab Newport Lab
 Cambridge Lab Phibro Lab
 Other: _____

If you do not see a test listed here, please go to our online Test Catalog for the full selection of tests. <https://svmbserver.unl.edu/Portal/catalogSearch.zul>

Virology

Rabies (FA)
 Virus Isolation

For probable human exposure rabies cases go to: <https://dhhs-needs2.ne.gov/rabies/fs/index.xhtml>

Other tests not listed:

BVD Testing - Please circle/highlight specimen submitted

BVD (IHC) - *Detects PI* - Fresh or fixed ear notches ONLY - [Please use the separate BVD submission form for this test](#)

BVD w/ pooling option (PCR) - Fresh ear notches or serum ONLY - [Please use the separate BVD submission form for this test](#)

| | | | | | |
|---|-------|------|--------|------------------|-------|
| BVD (PCR) | Serum | Lung | Thymus | EDTA Whole blood | Semen |
| BVD Antigen Capture ELISA - <i>Detects PI</i> | Serum | Skin | | | |
| BVD Type I & II (SN) | Serum | | | | |
| BVD Genotyping | Serum | Lung | Thymus | EDTA Whole blood | |

*****State Fair 4H/FFA: For less than 7 samples, it is less expensive to run individual ELISA's or IHC's instead of a Pooled PCR*****

| Ind. | Pool | Molecular Diagnostics (PCR) - Please circle/highlight specimen submitted |
|------|------|--|
| | | Anaplasma marginale EDTA Whole Blood Spleen |
| | | Anaplasma marginale /Theileria orientalis EDTA Whole Blood Spleen |
| | N/A | Bacillus anthracis Spleen EDTA Whole blood Sanguineous Fluid |
| | N/A | Bluetongue Virus (BT) EDTA Whole Blood Spleen |
| | N/A | BLV Realtime PCR EDTA Whole Blood Semen |
| | N/A | Bovine E. coli typing Feces Intestine Fresh Tissue |
| | N/A | Bovine Herpesvirus 1 (IBR) Nasal Swabs Eye swabs Lung Semen |
| | N/A | Rotavirus Typing Positive for Rotavirus: Feces Intestinal Content/Intestine |
| | N/A | Chlamydia spp. Realtime PCR Aborted fetal tissue (Liver, Lung or Spleen) Fluid (Peritoneal, Pericardial or Thoracic) |
| | | Swabs (Conjunctival, Nasal, Pharyngeal, Bronchial, Vulvar, Joint, Oropharyngeal) |
| | N/A | Clostridium perfringens typing Live organism Feces Small/Large Intestine Fecal swabs |
| | N/A | Epizootic Hemorrhagic Disease (EHD) EDTA Whole Blood Spleen |
| | | Johne's Direct Fecal Feces (at least 5 grams) ***Maximum of 5 pooled*** |
| | N/A | Leptospira spp. Urine Kidney Liver |
| | N/A | Listeria monocytogenes & ivanovii Brain Stem Placenta Tissues |
| | N/A | Malignant Catarrhal Fever (MCF) Spleen Lymph Node Swab |
| | N/A | Mycoplasma spp. Swab Affected tissue Body Fluid |
| | N/A | Neospora caninum Brain Skeletal muscle Heart |
| | N/A | Q-fever (Coxiella burnetii) Placenta Aborted Fetus |
| | N/A | Ureaplasma spp. Swab Affected tissue Body Fluid |

[For all Trich PCR testing, please use the separate Tritrichomonas foetus submission form.](#)

Panels:

 Abortion Panel (Leptospira, IBR, NEO, BVD)
 Fetal Tissue, Placenta

 Caprine/Ovine Abortion Panel (Aerobic culture, Campylobacter culture, Q-Fever, Chlamydia)
 Fetal Tissue, Placenta

 Bovine Respiratory Disease Bacterial Panel (Pasteurella multocida, Mannheimia haemolytica, Mycoplasma bovis, Histophilus somni)
 Nasal Swab, Nasopharyngeal Swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

 Bovine Respiratory Disease Viral Panel (BHV-1, BVDV, BRSV, BCV)
 Nasal swab, Nasopharyngeal swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

 Bovine Respiratory Disease Antimicrobial Resistance (Detects genes associated with Macrolide and Tetracycline resistance.)
 Nasal Swab, Nasopharyngeal Swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

BRD Complete Panel – Bovine Resp. Disease Bacterial Panel, Viral Panel & Antimicrobial Resistance (discounted from ordering individually)
 Nasal swab, Nasopharyngeal swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

 Bovine Pinkeye Realtime PCR Panel (M. bovis, M. bovoculi, Myco.bovis, Myco. bovoculi and IBR virus) - Ocular Swab - **Gel swabs are NOT acceptable**

 Calf Diarrhea (E. coli K99, Salmonella, Cryptosporidium, Rotavirus, & Coronavirus) - Minimum of 5 grams of feces or intestinal contents, Fecal swabs