

**Veterinary Diagnostic Center  
Ruminant Submission Form**

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](mailto: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	
11Dec2023		11Dec2024	

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	Feces
Brain			Kidney			Spleen			Milk
Heart			Liver			Thymus			Ocular Fluid
Intestine (Large)			Lung			Tonsil			Serum/Plasma
Intestine (Small)			Lymph Node			Other:			Stomach Contents
<b>Submit the following for abortions: abomasal contents, brain, heart, kidney, liver, lung, placenta, thymus</b>						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  
 Viral Transport Media \*\*\*No Charge

**Use the Tritrichomonas foetus submission form or go online to order supplies for Tritrichomonas testing.**

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

**History/Additional Testing Not Listed:**

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>

**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		
<u>Necropsy</u>	<u>Histopathology</u>	<u>Clinical Pathology</u>
Gross Only	Biopsy	Cytology: Morphological Review
Gross & Discretion of Lab	Brain	Total Protein
Spinal Cord Removal	Fixed Tissue	Urinalysis: Dipstick, USG & Sediment (crystal & cells counts only)

Bacteriology	
<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Gram Stain
<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Listeria Culture
<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> Mannheimia haemolytica Typing MALDI
<input type="checkbox"/> Campylobacter Culture	<input type="checkbox"/> Milk/Mastitis Culture
<input type="checkbox"/> FA for Clostridium novyi, chauvoei, septicum & sordellii	<input type="checkbox"/> Moraxella bovoculi Typing MALDI
<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Mycoplasma Culture
	<input type="checkbox"/> Salmonella Culture

**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"/> STAT Testing
<input type="checkbox"/> Flukefinder	<input type="checkbox"/> Nematode Speciation PCR (min. 10 gm of feces)

**Serology**

<input type="checkbox"/> Anaplasmosis (ELISA)	<input type="checkbox"/> IBR (SN)	<b>Requires VS Form 4-33 Brucellosis Record</b>
<input type="checkbox"/> Bluetongue (ELISA)	<input type="checkbox"/> Johne's (ELISA)	
<input type="checkbox"/> BLV (ELISA)	<input type="checkbox"/> Lepto MAT (6 serovars)	
<input type="checkbox"/> BRSV (SN)	<input type="checkbox"/> Neospora caninum (ELISA)	
<input type="checkbox"/> CAE/OPP (ELISA)	<input type="checkbox"/> Pregnancy (ELISA)	
<input type="checkbox"/> EHD/BT (AGID)		

**Requires VS Form 4-33 Brucellosis Record**

Brucella abortus:  
 BAPA  Card Test  SPT  CF  
 Brucella melitensis - goats only  
 Brucella ovis - sheep only (goes to referral lab)

**Commercial Lab Vaccine Production**

<input type="checkbox"/> Save isolates for possible vaccine
<input type="checkbox"/> Forward isolate to the selected lab:
<input type="checkbox"/> Addison lab
<input type="checkbox"/> American Animal Health Lab
<input type="checkbox"/> Cambridge Lab
<input type="checkbox"/> Huvepharma Lab
<input type="checkbox"/> Newport Lab
<input type="checkbox"/> Phibro Lab
<input type="checkbox"/> Other: _____

**Toxicology (Referred to another lab)**

<input type="checkbox"/> Calcium	<input type="checkbox"/> Magnesium	<input type="checkbox"/> Selenium
<input type="checkbox"/> Cholinesterase	<input type="checkbox"/> Mycotoxin Screen	<input type="checkbox"/> Toxin Screen by GC-Mass Spec
<input type="checkbox"/> Copper	<input type="checkbox"/> Nitrates (bio fluids, water or forage)	<input type="checkbox"/> Trace Minerals
<input type="checkbox"/> Heavy Metals	<input type="checkbox"/> Nitrites (bio fluids or water)	<input type="checkbox"/> Vitamin A
<input type="checkbox"/> Ionophore Panel	<input type="checkbox"/> Organophosphate Insecticides	<input type="checkbox"/> Vitamin E
<input type="checkbox"/> Lead	<input type="checkbox"/> Poisonous Plant ID	

**Virology**

<input type="checkbox"/> Rabies (FA)
<input type="checkbox"/> For probable human exposure rabies cases go to: <a href="https://dhhs-nedss2.ne.gov/rabies/fs/index.xhtml">https://dhhs-nedss2.ne.gov/rabies/fs/index.xhtml</a>
<input type="checkbox"/> Virus Isolation

**BVD Testing**

BVD (IHC) - <b>Detects PI</b> - Fresh or fixed ear notches ONLY - <a href="#">Please use the separate BVD submission form for this test</a>
BVD w/ pooling option (PCR) - Fresh ear notches or serum ONLY - <a href="#">Please use the separate BVD submission form for this test</a>
<b>Specimen (Please circle/highlight specimen submitted)</b>
BVD (PCR) Serum Lung Thymus EDTA Whole blood Semen
BVD Antigen Capture ELISA- <b>Detects PI</b> Serum Skin
BVD Bulk Milk Milk - Minimum of 200mL submitted. Maximum of 400 head represented.
BVD Type I & II (SN) Serum
BVD Genotyping Serum Lung Thymus EDTA Whole blood
<b>***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***</b>

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)**

Ind.	Pool	Specimen (Please circle/highlight specimen submitted)
	Anaplasma marginale	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 Spleen
	N/A Bovine Coronavirus (BCV)	Feces Intestinal Content/Intestine Lung Respiratory Swab
	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:**

<input type="checkbox"/> Abortion Panel (Leptospira, IBR, NEO, BVD) Fetal Tissue, Placenta
<input type="checkbox"/> Bovine Respiratory Disease Bacterial Panel (Pasteurella multocida, Mannheimia haemolytica, Mycoplasma bovis, Histophilus somni) Nasal Swab, Nasopharyngeal Swab, Lung, Tracheal/Bronchoalveolar Washes - <b>Gel bacterial swabs are NOT acceptable</b>
<input type="checkbox"/> Bovine Respiratory Disease Viral Panel (BHV-1, BVDV, BRSV, BCV) Nasal swab, Nasopharyngeal swab, Lung, Tracheal/Bronchoalveolar Washes - <b>Gel bacterial swabs are NOT acceptable</b>
<input type="checkbox"/> Bovine Respiratory Disease Antimicrobial Resistance (Detects genes associated with Macrolide and Tetracycline resistance.) Nasal Swab, Nasopharyngeal Swab, Lung, Tracheal/Bronchoalveolar Washes - <b>Gel bacterial swabs are NOT acceptable</b>
<input type="checkbox"/> <b>BRD Complete Panel – Bovine Resp. Disease Bacterial Panel, Viral Panel &amp; Antimicrobial Resistance (discounted from ordering individually)</b> Nasal swab, Nasopharyngeal swab, Lung, Tracheal/Bronchoalveolar Washes - <b>Gel bacterial swabs are NOT acceptable</b>
<input type="checkbox"/> Bovine Pinkeye Realtime PCR Panel (M. bovis, M. bovoculi, Myco.bovis, Myco. bovoculi and IBR virus) - Ocular Swab - <b>Gel swabs are NOT acceptable</b>
<input type="checkbox"/> Calf Diarrhea (E. coli K99, Salmonella, Cryptosporidium, Rotavirus, & Coronavirus) - Minimum of 5 grams of feces or intestinal contents, Fecal swabs