

**Veterinary Diagnostic Center
Swine 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
<https://vbms.unl.edu/nvdlis>

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	
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
 Guarded Swabs
 Viral Transport Media ***No Charge

Patient history and list of tests are on page 2

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****

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

Pathology

- | | | |
|--|---|--|
| <input type="checkbox"/> Necropsy | <input type="checkbox"/> Histopathology | <input type="checkbox"/> Clinical Pathology |
| <input type="checkbox"/> Gross Only | <input type="checkbox"/> Fixed Tissue | <input type="checkbox"/> Cytology: Morphological Review |
| <input type="checkbox"/> Gross & Discretion of Lab | | <input type="checkbox"/> Total Protein |
| <input type="checkbox"/> Spinal Cord Removal | | <input type="checkbox"/> Urinalysis: Dipstick, USG & Sediment (crystal & cell counts only) |

Bacteriology

- | | |
|--|---|
| <input type="checkbox"/> Aerobic Culture | <input type="checkbox"/> Fungal Culture |
| <input type="checkbox"/> Anaerobic Culture | <input type="checkbox"/> Gram Stain |
| <input type="checkbox"/> Antimicrobial Susceptibility | <input type="checkbox"/> Listeria Culture |
| <input type="checkbox"/> Clostridium difficile Antigen & Toxin | <input type="checkbox"/> Salmonella Culture |

Parasitology

- | | |
|---|--|
| <input type="checkbox"/> Baermann Technique | <input type="checkbox"/> Parasite Gross or Microscopic ID |
| <input type="checkbox"/> Fecal Flootation | <input type="checkbox"/> Quant Fecal Egg Count <input type="checkbox"/> STAT Testing |

Serology

- | | |
|---|--|
| <input type="checkbox"/> Mycoplasma hyopneumoniae (ELISA) | <i>Requires VS Form 4-33 Brucellosis Record</i> |
| <input type="checkbox"/> PPV (HAI) | <input type="checkbox"/> Brucella suis Antigen Test: |
| <input type="checkbox"/> PRRS (ELISA) | <input type="checkbox"/> ___BAPA ___Card Test ___SPT ___CF |
| <input type="checkbox"/> Swine Influenza, H1N1 (HAI) | <i>Requires Form PR 02 for PRV serology</i> |
| <input type="checkbox"/> Swine Influenza, H3N2 (HAI) | <input type="checkbox"/> Pseudorabies Virus (gl) |
| <input type="checkbox"/> Leptospira (MAT) | <input type="checkbox"/> Pseudorabies Virus Screening (gB) |

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"/> Cholinesterase | <input type="checkbox"/> Sodium Chloride |
| <input type="checkbox"/> Lead | <input type="checkbox"/> Toxin Screen by GC-Mass Spec |
| <input type="checkbox"/> Mycotoxin (feed) | <input type="checkbox"/> Trace Minerals |
| <input type="checkbox"/> Nitrates (bio fluids, water or forage) | <input type="checkbox"/> Vitamin A |
| <input type="checkbox"/> Selenium | <input type="checkbox"/> Vitamin E |

Virology

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

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)							
	N/A	Chlamydia spp. Realtime PCR	Aborted fetal tissue (Liver, Lung or Spleen)		Fluid (Peritoneal, Pericardial or Thoracic)				
	N/A	Clostridium perfringens typing	Swabs (Conjunctival, Nasal, Pharyngeal, Bronchial, Vulvar, Joint, Oropharyngeal)	Live organism	Feces	Small/Large Intestine	Fecal Swabs		
	N/A	Delta coronavirus Realtime PCR	Feces	Intestinal Contents	Intestine				
	N/A	E. coli typing (pili, toxin) Molecular Diagnostics	Feces	Intestine	Fresh tissue				
	N/A	Lawsonia intracellularis Molecular Diagnostics	Intestinal scrapings	Feces					
	N/A	Listeria monocytogenes & ivanovii	Brain Stem	Placenta	Tissues				
	N/A	Mycoplasma hyopneumoniae Realtime Molecular	Swab	Affected tissue	Body Fluid				
	N/A	Mycoplasma hyosynoviae Realtime Molecular	Swab	Affected tissue	Body Fluid				
	N/A	Mycoplasma spp.	Swab	Affected tissue	Body Fluid				
	N/A	Porcine Circovirus 2 (PCV2) Realtime PCR	Lung	Lymph node	Intestine	Trachea	Nasal Swab	Oral Fluids	Serum
	N/A	Porcine Reproductive and Respiratory Syndrome	0.5 mL Serum (Red Top)	Oral Fluids	Semen	5 gm Lung			
	N/A	Porcine rotavirus A,B,C Realtime PCR	Feces						
	N/A	Pseudorabies Virus (PRV) PCR	Liver	Spleen	Lymph Nodes	Ganglion Sample			
	N/A	Seneca Valley Virus Realtime PCR	Vesicle Swab	Tissues					
	N/A	Swine Influenza Virus (SIV) Realtime PCR	Lung	Swab (Nasal or Pharyngeal) in viral transport media or BHI (Brain Heart Infusion medium)					
Gel bacterial swabs are not acceptable									
Panels:									
		PCV2/Parvo PCR	Placenta, Fetal Tissue (Lung, Lymph node, Intestine, or Trachea), Serum						
		PEDV/TGE PCR	Feces, Intestinal Content						
		Porcine enteric diseases panel (PEDV,TGEV, Rotavirus A, B, C)	Feces, Intestine, Intestinal Content						