

Copies of this form are located in room 238 and
on the NVDC's website.

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Lincoln, NE 68583-0907

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

Accession Number		
Date Rec'd	Case Coordinator	Referral No.
Effective Date		Review Date
24Apr2023		24Apr2024

Client Information

Name:		Client/Account No.:		
Address:		City:	State:	Zip:
Phone:	Fax:	Email:		

Flock Information (required information)

State Premise ID No.	NPIP Flock No.	Farm No.	Farm Name	Barn No.

Sample Information (enter number of each) Check here if other forms are attached _____

Date Collected:			Date Mailed/Submitted:		
Serum / Blood	Water	Eggs	Lung		
Resp. Swabs	Fluff	Hatch Papers	Liver		
Cloacal Swabs	Boot Swabs	Air Plates	Heart		
	Dust samples		Spleen		
Note: Can pool up to 5 swabs per sample			Other (specify):		

Other Information:

Please indicate reason for AI PCR submission:

- ___ Routine NPIP or Other Testing
- ___ Sick Bird/High Death Loss Testing
- *** FAD number needed - contact USDA or NDA***
- ___ Surveillance Zone Testing
- ___ Control Zone Name: _____
- ___ Secure Food Supply Plan Testing
(Movement out of control zone)
- ___ Other: _____

Tests / Assays Requested (Indicate number)

HI	MT	ELISA					
PMV3	S. pull	AE	AI	MG*	MS*	NDV	REO
PCR						OTHER (specify):	
AI*	MG/MS*	MM*	MI	NDV	SE*	SAL	
CULTURE			COUNTS				
Salmonella*	Aerobic	Anaerobic	Environmental Sample Plate Count		Aerobic Colony Count	Mold/Yeast Colony Count	

*NPIP Protocol SAL = PCR for Sal spp. detecting multiple serotypes MT = Microtiter HI = Hemagglutination inhibition

Name of Submitter: _____ Contact Number: _____