University of Nebraska Lincoln

VETERINARY DIAGNOSTIC CENTER
BVD-PI Skin Biopsy Submission Form

Mailing Address: **P.O. Box 82646**
Lincoln, NE 68501-2646

Delivery Address: **Room 230A NVDC**
4040 East Campus Loop North
Lincoln, NE 68583-0907

Phone: (402) 472-1434
E-mail: vdc2@unl.edu
https://vbms.unl.edu/nvdc

Updated 30Aug2018

Office Use Only

Accession Number

Date Received_____ Case Coordinator_____

Date Results Sent_____ Date Results Phoned_____

Invoice_____ Referral _____

Veterinarian:	Owner:
Clinic:	Address:
Address:	City: State: Zip:
City: State: Zip:	Phone: Date Mailed:
Phone: Fax #:	Send Results by: Mail ☐ Fax # ☐: E-mail ☐
E-mail Address:	E-mail Address:

Reports Results to: ☐ Veterinarian ☐ Owner/Producer ☐ Third Party	**Third Party Address:**		
Person to be Billed: ☐ Veterinarian ☐ Owner/Producer ☐ Third Party	City:	State:	Zip:

☐ State Fair Testing (4H and FFA only)

If ear notches are unfixed please circle testing to be done: IHC or PCR

☐**Dairy** ☐**Beef** **Retest of previous submission** **Previous Accession Number** _____ **Please fill out a separate form for any "retest" samples.**

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result
1						
2						
3						

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result
4						
5						
6						

Number Negative _____ Number Positive _____ Total Tested_____

Date Reported_____ Initials_____

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result

Accession Number

BLK	Tube #	Animal Identification	Other ID	Sex	Age	Result