

Mailing Address: PO Box 82646
Lincoln NE 68501-2646

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

Phone: 402-472-1434


Email: vdc2@unl.edu

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

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		

Hunter (Owner) Information			Landowner Information		
*Name:			Name:		
*Address:			Address:		
*City:	*State:	*Zip:	City:	State:	Zip:
*Phone:	Fax:		Phone:	Owner Fax:	
E-mail Address:			County:		
Report Results to: <input type="checkbox"/> NGPC			NGPC Tag Number		
Report Results to: <input type="checkbox"/> Owner (requires full street or e-mail address)			Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

***Required Information**

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

Testing Information
<input type="checkbox"/> Chronic Wasting Disease (CWD) Immunohistochemistry

Animal Information
White Tailed Deer <input type="checkbox"/> Mule Deer <input type="checkbox"/> Elk <input type="checkbox"/> Other
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Age: Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult <input type="checkbox"/>
2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4-5 yrs <input type="checkbox"/> 6-8 yrs <input type="checkbox"/> 9-12 yrs <input type="checkbox"/> 12+ yrs <input type="checkbox"/>
Any abnormalities noted:

Payment Information	
<input type="checkbox"/> Credit Card	All tests are subject to a Submission Fee of \$17.00 in addition to the CWD Test Fee of \$40.70
<input type="checkbox"/> Check	
<input type="checkbox"/> Cash (if paying by cash, exact amount only)	