

## Veterinary Diagnostic Center CWD Submission Form

Mailing Address: PO Box 82646, Lincoln NE 68501-2646

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Email: [vdc2@unl.edu](mailto:vdc2@unl.edu)

Website: [nvdc.unl.edu](http://nvdc.unl.edu)

Phone: 402-472-1434

Office Use Only

FRM-VDC-033 9.0

Copies of this form are located in room 238

and on the NVDC's website

Accession Number

UPS	<input type="checkbox"/> Ice Pack	<input type="checkbox"/> RT
Fedex	<input type="checkbox"/> Dry Ice	<input type="checkbox"/> Warm
Mail	<input type="checkbox"/> None	<input type="checkbox"/> Cool
D/O	<input type="checkbox"/>	<input type="checkbox"/> Cold
Other	<input type="checkbox"/>	<input type="checkbox"/> Frozen

Comments:

Date Rec'd	CC	Referral No.
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Effective Date	Review Date
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Opened/Rec'd by:

30Oct2025 30Oct2026

### Hunter (Owner) 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



With this submission, I agree to abide by the policies of the NVDC.

### Testing Information

Chronic Wasting Disease (CWD) Immunohistochemistry

### Animal Information

White Tailed Deer  Mule Deer  Elk  Other

Sex: Female  Male

Age: Fawn  Yearling  Adult

2 yrs  3 yrs  4-5 yrs  6-8 yrs  9-12 yrs  12+ yrs

Any abnormalities noted:

### Payment Information

Credit Card

Check

Cash (if paying by cash, exact amount only)

Accession Fee: \$17.00/submission

CWD IHC Fee: \$44.80 per animal