

**Veterinary Diagnostic Center  
Avian Submission Form**

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.	
<b>Effective Date</b>		<b>Review Date</b>	
<b>10Apr2025</b>		<b>10Apr2026</b>	

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/nvdc

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**

No. Animals Ill:	No. Animals Dead:	Total Animals At Risk:	Time Between Death & Necropsy:								
Tube #	Animal ID	Sex	Species	Breed	Age	Tube #	Animal ID	Sex	Species	Breed	Age

For more than 10 animals, email the VDC an Excel list of ID's to [vdc2@unl.edu](mailto:vdc2@unl.edu) & make note of it above. Please call if you have any questions.

**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			
Brain			Kidney			Spleen			Feces		
Heart			Liver			Thymus			Serum/Plasma		
Intestine (Large)			Lung			Tonsil			Other:		
Intestine (Small)			Lymph Node			Other:			Other:		
Swab: # submitted: _____											
Collection site(s): _____											

**Presenting Complaint: (List data for the animal(s) submitted rather than a general description of the flock.)**

Dermatologic  Diarrhea/Enteric  Musculoskeletal/Lame  Neurologic  Other:  
 Reproductive  Respiratory  Tumor/Neoplasm  Unthriftiness  Unexpected Death

**History:**

**Flock Type:**

- Commercial Flock
- Backyard/Hobby Flock
- Pet/Ornamental/Zoo



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

**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\*\***



All supply orders should be submitted online.

**ATTENTION: If you are submitting ANY specimens for AI PCR testing, please indicate reason for testing in the section provided. It is in the PCR test request section on this page.**

**Toxicology (Referred to another lab)**

- Lead
- Nitrates (bio fluids, water or forage)
- Toxin Screen by GC-Mass Spec
- Trace Minerals
- Vitamin A
- Vitamin E

**Parasitology**

- AF stain for Cryptosporidia
- Fecal Floatation
- Giardia/Crypto Antigen
- Parasite Gross or Microscopic ID
- Quant Fecal Egg Count  STAT Testing (See Fee Schedule for turn-around time and pricing of STAT testing.)

**Pathology**

- Necropsy  Histopathology  Clinical Pathology
- Gross Only  Exfoliative Cytology
- Gross & Discretion of Lab  Total Protein

**Bacteriology**

- Aerobic Count  ID  Fungal Culture
- Aerobic Culture  Gram Stain
- Anaerobic Culture  Salmonella Culture
- Antimicrobial Susceptibility  Salmonella Culture (NPIP)
- Campylobacter Culture  Yeast/Mold Count
- Environmental Count

**Serology**

- AE ELISA (Avian Encephalomyelitis)  MG ELISA (Mycoplasma gallisepticum)
  - AI AGID (Avian Influenza)  MG SPA (Mycoplasma gallisepticum)
  - AI ELISA (Avian Influenza)  MS ELISA (Mycoplasma synoviae)
  - REO ELISA (Avian Reovirus)  MS SPA (Mycoplasma synoviae)
  - CAV ELISA (Chicken Anemia Virus)  NDV ELISA (Newcastle Disease Virus)
  - IBV ELISA (Infectious Bronchitis Virus)  SP MAT (Salmonella pullorum)
  - IBD ELISA (Infectious Bursal Disease)  SP SPA (Salmonella pullorum)
- \*\*\*Chicken only\*\*\*

**Commercial Lab Vaccine Production**

- Save isolates for possible vaccine
- Forward isolate to the selected lab:
- Addison Lab  Huvepharma Lab
- American Animal Health Lab  Newport Lab
- Cambridge Lab  Phibro Lab
- Other: \_\_\_\_\_



If you do not see a test listed here, please visit our Online Test Catalog.

**Other tests not listed:**


Molecular Diagnostics (PCR)		
Ind.	Pool	Specimen (Please circle/highlight specimen submitted)
<input type="checkbox"/>	<input type="checkbox"/> Avian Influenza AI Realtime PCR	Chickens, Turkeys, Pheasant or Quail: Swabs (Cloacal, Oropharyngeal or Tracheal)
<input type="checkbox"/>	<input type="checkbox"/> Routine NPIP or Other Testing	Swabs may be pooled: Five swabs in 3.0 ml of viral transport media or BHI (Brain heart infusion medium) or eleven swabs in 5.5 ml of viral transport media.
<input type="checkbox"/>	<input type="checkbox"/> Sick Bird/High Death Loss Testing **	*** A gel bacterial swab is not acceptable***
<input type="checkbox"/>	<input type="checkbox"/> ** FAD number needed - contact USDA or NDA	
<input type="checkbox"/>	<input type="checkbox"/> Surveillance Zone Testing	Domestic waterfowl and other wild birds: Cloacal swabs
<input type="checkbox"/>	<input type="checkbox"/> Control Zone Name: _____	Swabs may be pooled: Five swabs in 3.0 or 5.5 ml of viral transport media
<input type="checkbox"/>	<input type="checkbox"/> Secure Food Supply Plan Testing	*** A gel bacterial swab is not acceptable***
<input type="checkbox"/>	<input type="checkbox"/> (Movement out of control zone)	Any Avian species: Pooled tissue (Spleen, Lung, and Intestine)
<input type="checkbox"/>	<input type="checkbox"/> Other: _____	***Do not pool tissues from different birds***
<input type="checkbox"/>	<input type="checkbox"/> N/A Avian Metapneumovirus Subgroups A/B/C	Respiratory swab in BHI, viral transport media, or Amies media Respiratory tissue
<input type="checkbox"/>	<input type="checkbox"/> N/A Chlamydia spp. Realtime PCR	Liver Lung Spleen Fluid (Celomic, Pericardial or Thoracic)
<input type="checkbox"/>	<input type="checkbox"/> N/A Clostridium perfringens typing	Swabs (Cloacal, Conjunctival, Bronchial, Joint, Oropharyngeal)
<input type="checkbox"/>	<input type="checkbox"/> N/A E. coli typing (pili, toxin)	Live organism Feces Small/Large Intestine Fecal swabs
<input type="checkbox"/>	<input type="checkbox"/> N/A Infectious bronchitis virus (IBV) PCR	Feces Intestine Fresh tissue
<input type="checkbox"/>	<input type="checkbox"/> N/A Mycoplasma gallisepticum/synoviae (MG/MS) Real Time PCR	Tracheal or choanal cleft swabs in PBS, PCR grade water or BHI (Brain Heart Infusion medium) broth or 1 mL of broth culture by a non-phenolic procedure.
<input type="checkbox"/>	<input type="checkbox"/> N/A Mycoplasma meleagridis/iowae (MM/MI) Real Time PCR	Tracheal or choanal cleft swabs in PBS, PCR grade water or BHI (Brain Heart Infusion medium) broth or 1 mL of broth culture by a non-phenolic procedure.
<input type="checkbox"/>	<input type="checkbox"/> N/A Mycoplasma spp.	Swab Affected tissue Body Fluid
<input type="checkbox"/>	<input type="checkbox"/> Newcastle Disease Virus (NDV) Realtime PCR	Chickens, Turkeys, Pheasant or Quail: Swabs (Cloacal, Oropharyngeal or Tracheal)
<input type="checkbox"/>	<input type="checkbox"/>	Swabs may be pooled: Five swabs in 3.0 ml of viral transport media or BHI (Brain heart infusion medium) or eleven swabs in 5.5 ml of viral transport media.
<input type="checkbox"/>	<input type="checkbox"/>	*** A gel bacterial swab is not acceptable***
<input type="checkbox"/>	<input type="checkbox"/>	Domestic waterfowl and other wild birds: Cloacal swabs
<input type="checkbox"/>	<input type="checkbox"/>	Swabs may be pooled: Five swabs in 3.0 or 5.5 ml of viral transport media
<input type="checkbox"/>	<input type="checkbox"/>	*** A gel bacterial swab is not acceptable***
<input type="checkbox"/>	<input type="checkbox"/>	Any Avian species: Pooled tissue (Spleen, Lung, and Intestine)
<input type="checkbox"/>	<input type="checkbox"/>	***Do not pool tissues from different birds***
<input type="checkbox"/>	<input type="checkbox"/> N/A Salmonella Enteritidis PCR NPIP	Drag swab or NPIP approved samples
<input type="checkbox"/>	<input type="checkbox"/> N/A Salmonella Realtime PCR 109 strains	Drag swab
<input type="checkbox"/>	<input type="checkbox"/> N/A Ureaplasma spp.	Swab Affected tissue Body Fluid
<input type="checkbox"/>	<input type="checkbox"/> N/A West Nile Virus (WNV) Real-time PCR	Tissue (Brain or Heart) Swabs (Oropharyngeal or Cloacal)