

**Veterinary Diagnostic Center
Bovine Sire Submission Form**

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>

Accession Number		
Date Rec'd	Case Coordinator	Referral No.
Effective Date		Review Date
17Nov2020		17Nov2021

Client/Account #:	PO or UNL Cost Object:	Date Mailed:	Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email			Sample Type	Number Submitted
Clinic:	Veterinarian:	Owner:				CMMA	
Address:		Address:			Semen		
City:	State:	ZIP:	City:	State:	ZIP:	Blood/Serum	
Phone:	Fax:	Phone:	Fax:			T. foetus PBS Tube (yellow top)	Pool? (Max. 5) <input type="checkbox"/> Y <input type="checkbox"/> N
Email Address:		Email Address:			T. foetus Transit Tube (red top)		Pool? (Max. 5) <input type="checkbox"/> Y <input type="checkbox"/> N
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:		T. foetus In-pouch	Pool? (PCR only, Max. 5) <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Third Party Bill	Name:	Address:	City:	State:	ZIP:	Breed:	Date Collected:

#	Animal ID	Ana	BLV		Bluetongue			BVD			Brucella abortus		C. fet	EHD	EHD/BT	IBR	MAP	Lep	Q Fever	T. foetus			VSV		Additional Instructions		
		E	A	E	A	E	P	E	SN I	SN II	P	BAPA	CF	SPT	C	P	A	SN	E	M	E	C	P	DP**		E	SN
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A=AGID E=ELISA C=Culture M=Microagglutination Test SN=Serum Neutralization P=PCR DP**=Direct PCR **Not all states accept this for export. Please check with receiving state prior to requesting.
 Ana=Anaplasma marginale BLV=Bovine Leukemia C. fet=Campylobacter fetus EHD=Epizootic Hemorrhagic Disease IBR=Infectious Bovine Rhinotracheitis MAP=John's disease Lep=Leptospira VSV=Vesicular Stomatitis

Additional Instructions: