

**Veterinary Diagnostic Center
BVD 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

06Dec2023 06Dec2024

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:	

BVD IHC - Detects PI (NO POOLING-run on fixed* ear notches)
 BVD PCR; Pooling? Y N (run on serum or fresh ear notches - can test up to 48/pool)
 BVD Antigen Capture ELISA - Detects PI (NO POOLING-run on serum or fresh ear notches)

*Fresh samples may be submitted and will be fixed in lab. However, this will cause a 24-hour delay in results.

Dairy Beef Retest of previous submission - Previous case#: _____

BLK	Tube #	Animal ID	Other ID	Sex	Age	Result
1						
2						
3						
4						

BLK	Tube #	Animal ID	Other ID	Sex	Age	Result
5						
6						
7						
8						

For large cases, email the VDC an Excel list of ID's to vdc2@unl.edu and make note of it above. Please call if you have any questions.

Negative _____ # Positive _____ Total Tested _____ Date Reported _____ Initials _____