

**Veterinary Diagnostic Center  
BVD Submission Form**

Mailing Address: PO Box 82646 Phone: 402-472-1434  
Lincoln NE 68501-2646  
Delivery Address: 4040 East Campus Loop North Email: vdc2@unl.edu  
Lincoln NE 68583-0907 https://vbms.unl.edu/nvdc

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 25Mar2025	Review Date 25Mar2026		

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						



All supply orders should be submitted online.



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

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

# Negative \_\_\_\_\_ # Positive \_\_\_\_\_ Total Tested \_\_\_\_\_ Date Reported \_\_\_\_\_ Initials \_\_\_\_\_