

**Veterinary Diagnostic Center**  
**Canine, Feline, Equine & Other Animal Submission Form**

Mailing Address: PO Box 82646  
Lincoln NE 68501-2646

Phone: 402-472-1434  
Email: [vdc2@unl.edu](mailto:vdc2@unl.edu)

Delivery Address: 4040 East Campus Loop North  
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.	
<b>Effective Date</b>		<b>Review Date</b>	
<b>10Apr2024</b>		<b>10Apr2025</b>	

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	Feces		
Brain			Kidney			Spleen			Milk		
Heart			Liver			Thymus			Ocular Fluid		
Intestine (Large)			Lung			Tonsil			Serum/Plasma		
Intestine (Small)			Lymph Node			Other:			Stomach Contents		
<b>Submit the following for abortions: abomasal contents, brain, heart, kidney, liver, lung, placenta, thymus</b>						Swab: # submitted: _____			Urine		
						Collection site(s): _____					

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

Abortion  Dermatologic  Diarrhea/Enteric  Musculoskeletal/Lame  Neurologic  
 Reproductive  Respiratory  Tumor/Neoplasm  Unthriftiness  Urinary  Unexpected Death

**History:**



With this submission, I agree to abide by the policies of the NVDC.  
<https://vbms.unl.edu/nvdc-general-policies>

**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 at <https://vbms.unl.edu/Supply-Order-Form>

**Pathology**

Necropsy                      Histopathology                      Clinical Pathology  
 \_\_\_ Gross Only                      \_\_\_ Biopsy                      \_\_\_ Cytology: Morphological Review  
 \_\_\_ Gross & Discretion of Lab                      \_\_\_ Brain                      \_\_\_ Total Protein  
 \_\_\_ Spinal Cord Removal                      \_\_\_ Fixed Tissue                      \_\_\_ Urinalysis: Dipstick, USG & Sediment (crystal & cell counts only)  
**Post necropsy body instructions:**  
 \_\_\_ NVDC disposal    \_\_\_ Return to clinic    \_\_\_ Rolling Acres/Other crematorium:

**Parasitology**

\_\_\_ AF stain for Cryptosporidia                      \_\_\_ Giardia/Crypto Antigen  
 \_\_\_ Baermann Technique                      \_\_\_ Parasite Gross or Microscopic ID  
 \_\_\_ Fecal Floatation                      \_\_\_ Quant Fecal Egg Count  
 \_\_\_ Feline Fecal Trich Culture                      \_\_\_ STAT Testing

**Bacteriology**

\_\_\_ Aerobic Culture                      \_\_\_ Fungal (KOH) Prep  
 \_\_\_ Anaerobic Culture                      \_\_\_ Gram Stain  
 \_\_\_ Antimicrobial Susceptibility                      \_\_\_ Listeria Culture  
 \_\_\_ Campylobacter Culture                      \_\_\_ Milk/Mastitis Culture  
 \_\_\_ Clostridium difficile Antigen & Toxin                      \_\_\_ Organism ID (MALDI-TOF ID)  
 \_\_\_ FA for Clostridium novyi, chauvoei, septicum & sordellii                      \_\_\_ Salmonella Culture  
 \_\_\_ Fungal Culture                      \_\_\_ Water Culture for Coliforms

**Serology**

\_\_\_ Brucella canis                      \_\_\_ Rocky Mountain Spotted Fever IFA  
 \_\_\_ Ehrlichia canis IFA                      \_\_\_ Tick Screen (RMSF, Lyme & E. canis)  
 \_\_\_ Equine Infectious Anemia (EIA)                      \_\_\_ West Nile IgG  
 \_\_\_ Lepto MAT (6 serovars)                      \_\_\_ West Nile IgM  
 \_\_\_ Lyme Disease IFA

**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: \_\_\_\_\_

**Toxicology (Referred to another lab)**

\_\_\_ Lead  
 \_\_\_ Mineral Panel  
 \_\_\_ Nitrates (bio fluids, water or forage)  
 \_\_\_ Toxin Screen by GC-Mass Spec  
 \_\_\_ Vitamin A  
 \_\_\_ Vitamin E



For probable **human exposure rabies** cases go to: <https://dhhs-nedss2.ne.gov/rabies/fs/index.xhtml>

**Virology**

\_\_\_ Rabies (FA)  
 \_\_\_ Virus Isolation

**Other tests not listed:**




If you do not see a test listed here, please go to our online Test Catalog for the full selection of tests. <https://svmbsserver.unl.edu/Portal/catalogSearch.zul>

**Molecular Diagnostics (PCR)**

**Specimen (Please circle/highlight specimen submitted)**

___ Bacillus anthracis	Spleen	Whole Blood (purple top)	Sanguineous Fluid
___ Canine Distemper Virus	Serum	Conjunctival Scrapings	Urine    Whole blood (purple top)    CSF    Feces
	Tissue (Brain, Lung, Lymph node, Tonsil or Intestine)		
___ Canine Herpesvirus	Swab (Nasal, Pharyngeal or Ocular)	<b>Swab must be submitted in viral transport media or 0.25 ml sterile saline</b>	
___ Canine Influenza Virus	Tissue (Lung, Liver, Spleen, Lymph node or Tonsil)	Swab (Nasal or Pharyngeal)	Washes (Tracheal or BAL)
	Swab (Nasal or Pharyngeal) in Viral Transport Media or BHI (Brain Heart Infusion Medium)    Lung Tissue		
	<b>Gel bacterial swabs are not acceptable</b>		
___ Canine Parvovirus	Feces	Intestinal Contents	Intestine
___ Chlamydia spp. Realtime PCR	Aborted fetal tissue (Liver, Lung or Spleen)	Fluid (Peritoneal, Pericardial or Thoracic)	
	Swabs (Conjunctival, Nasal, Pharyngeal, Bronchial, Vulvar, Joint, Oropharyngeal)		
___ C. perfringens typing	Live organism	Feces	Small/Large Intestine    Fecal swabs
___ E. coli typing	Feces	Intestine	Fresh tissue
___ Equine Herpes Virus-1	Nasal swab	Lung	
___ Equine Influenza	Swab (Nasal or Pharyngeal)	in Viral Transport Media or BHI (Brain Heart Infusion Medium)    Lung Tissue	
	<b>Gel bacterial swabs are not acceptable</b>		
___ Equine Viral Arteritis	Swabs (Nasopharyngeal or Conjunctival)	Semen	
___ Feline Calicivirus	Nasal swab	Lung	
___ Feline Herpesvirus	Swab (Nasal or Pharyngeal)	Lung	
___ Feline Infectious Peritonitis (FIP)	Abdominal fluid	Tonsil	
___ Feline Parvovirus	Feces	Intestinal Contents	Intestine
___ Fungal Sequencing (ITS)	Isolate		
___ Leptospira spp.	Urine	Kidney	Liver
___ Listeria monocytogenes & ivanovii	Brain Stem	Placenta	Tissues
___ M. haemofelis/haemominutum	Whole Blood (purple top)		
___ Mycoplasma spp.	Swab	Affected tissue	Body Fluid
___ PARR	Formalin-fixed Tissue	Formalin Fixed Paraffin Embedded Tissue	
___ Ureaplasma spp.	Swab	Affected tissue	Body Fluid

**Panels:**

\_\_\_ Equine Herpes Virus-1 & 4 (EHV 1/4)  
 Nasal swab, Lung, Whole Blood (purple top)  
 \_\_\_ Feline Multiples PCR (F. Herpes, F. Chlamydia, F. Calicivirus)  
 Swab (Nasal or Pharyngeal), Lung