

Veterinary Diagnostic Center
Canine, Feline, Equine & Other Animal 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

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		Review Date	
10Apr2025		10Apr2026	

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 & 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		
Submit the following for abortions: abomasal contents, brain, heart, kidney, liver, lung, placenta, thymus						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.

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.

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

Parasitology	
<input type="checkbox"/> AF stain for Cryptosporidia	<input type="checkbox"/> Giardia/Crypto Antigen
<input type="checkbox"/> Baermann Technique	<input type="checkbox"/> Parasite Gross or Microscopic ID
<input type="checkbox"/> Fecal Floatation	<input type="checkbox"/> Quant Fecal Egg Count
<input type="checkbox"/> Feline Fecal Trich Culture	<input type="checkbox"/> STAT Testing

Bacteriology	
<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Fungal (KOH) Prep
<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Gram Stain
<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> Listeria Culture
<input type="checkbox"/> Campylobacter Culture	<input type="checkbox"/> Milk/Mastitis Culture
<input type="checkbox"/> Clostridium difficile Antigen & Toxin	<input type="checkbox"/> Organism ID (MALDI-TOF ID)
<input type="checkbox"/> FA for Clostridium novyi, chauvoei, septicum & sordellii	<input type="checkbox"/> Salmonella Culture
<input type="checkbox"/> Fungal Culture	<input type="checkbox"/> Water Culture for Coliforms

Serology	
<input type="checkbox"/> Brucella canis	<input type="checkbox"/> Rocky Mountain Spotted Fever IFA
<input type="checkbox"/> Ehrlichia canis IFA	<input type="checkbox"/> Tick Screen (RMSF, Lyme & E. canis)
<input type="checkbox"/> Equine Infectious Anemia (EIA)	<input type="checkbox"/> West Nile IgG
<input type="checkbox"/> Lepto MAT (6 serovars)	<input type="checkbox"/> West Nile IgM
<input type="checkbox"/> Lyme Disease IFA	

Commercial Lab Vaccine Production	
Save isolates for possible vaccine	
Forward isolate to the selected lab:	
<input type="checkbox"/> Addison lab	<input type="checkbox"/> Huvepharma Lab
<input type="checkbox"/> American Animal Health Lab	<input type="checkbox"/> Newport Lab
<input type="checkbox"/> Cambridge Lab	<input type="checkbox"/> Phibro Lab
Other: _____	

Virology
<input type="checkbox"/> Rabies (FA)
<input type="checkbox"/> Virus Isolation



Click here for probable human exposure to rabies.

Toxicology (Referred to another lab)
<input type="checkbox"/> Lead
<input type="checkbox"/> Mineral Panel
<input type="checkbox"/> Nitrates (bio fluids, water or forage)
<input type="checkbox"/> Toxin Screen by GC-Mass Spec
<input type="checkbox"/> Vitamin A
<input type="checkbox"/> Vitamin E

Other tests not listed:



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

Molecular Diagnostics (PCR)							
Specimen (Please circle/highlight specimen submitted)							
<input type="checkbox"/>	Bacillus anthracis	Spleen	Whole Blood (purple top)	Sanguineous Fluid			
<input type="checkbox"/>	Canine Distemper Virus	Serum	Conjunctival Scrapings	Urine	Whole blood (purple top)	CSF	Feces
		Tissue (Brain, Lung, Lymph node, Tonsil or Intestine)					
<input type="checkbox"/>	Canine Herpesvirus	Swab (Nasal, Pharyngeal or Ocular) Swab must be submitted in viral transport media or 0.25 ml sterile saline					
<input type="checkbox"/>	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					
		Gel bacterial swabs are not acceptable					
<input type="checkbox"/>	Canine Parvovirus	Feces	Intestinal Contents	Intestine			
<input type="checkbox"/>	Chlamydia spp. Realtime PCR	Aborted fetal tissue (Liver, Lung or Spleen)		Fluid (Peritoneal, Pericardial or Thoracic)			
		Swabs (Conjunctival, Nasal, Pharyngeal, Bronchial, Vulvar, Joint, Oropharyngeal)					
<input type="checkbox"/>	C. perfringens typing	Live organism	Feces	Small/Large Intestine	Fecal swabs		
<input type="checkbox"/>	E. coli typing	Feces	Intestine	Fresh tissue			
<input type="checkbox"/>	Equine Herpes Virus-1	Nasal swab	Lung				
<input type="checkbox"/>	Equine Influenza	Swab (Nasal or Pharyngeal) in Viral Transport Media or BHI (Brain Heart Infusion Medium)				Lung Tissue	
		Gel bacterial swabs are not acceptable					
<input type="checkbox"/>	Equine Viral Arteritis	Swabs (Nasopharyngeal or Conjunctival)		Semen			
<input type="checkbox"/>	Feline Calicivirus	Nasal swab	Lung				
<input type="checkbox"/>	Feline Herpesvirus	Swab (Nasal or Pharyngeal)		Lung			
<input type="checkbox"/>	Feline Infectious Peritonitis (FIP)	Abdominal fluid	Tonsil				
<input type="checkbox"/>	Feline Parvovirus	Feces	Intestinal Contents	Intestine			
<input type="checkbox"/>	Fungal Sequencing (ITS)	Isolate					
<input type="checkbox"/>	Leptospira spp.	Urine	Kidney	Liver			
<input type="checkbox"/>	Listeria monocytogenes & ivanovii	Brain Stem	Placenta	Tissues			
<input type="checkbox"/>	M. haemofelis/haemominutum	Whole Blood (purple top)					
<input type="checkbox"/>	Mycoplasma spp.	Swab	Affected tissue	Body Fluid			
<input type="checkbox"/>	PARR	Formalin-fixed Tissue		Formalin Fixed Paraffin Embedded Tissue			
<input type="checkbox"/>	Ureaplasma spp.	Swab	Affected tissue	Body Fluid			
Panels:							
<input type="checkbox"/>	Equine Herpes Virus-1 & 4 (EHV 1/4)						
	Nasal swab, Lung, Whole Blood (purple top)						
<input type="checkbox"/>	Feline Multiples PCR (F. Herpes, F. Chlamydia, F. Calicivirus)						
	Swab (Nasal or Pharyngeal), Lung						