

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 01Apr2025	Review Date 01Apr2026		

Mailing Address: PO Box 82646

Lincoln NE 68501-2646

Phone: 402-472-1434

Email: vdc2@unl.edu

Delivery Address: 4040 East Campus Loop North

Lincoln NE 68583-0907

https://vbms.unl.edu/nvdc



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

Client Information

Name:		Client/Account No.:		
Address:		City:	State:	Zip:
Phone:	Fax:	Email:		

Flock Information (required information)

State Prem. ID No.	NPIP Flock No.	Farm Name	Barn No.	Age / Sex / Genetics

Sample Information (enter number of each) Check here if other forms are attached _____

Date Collected:		Date Mailed/Submitted:	
Serum / Blood:			
Swabs (indicate type):		Type:	
Boot swabs:			
Chick papers:			
Chicks:			

Other Information:

Please indicate reason for AI PCR submission:

- Routine NPIP or Other Testing
- Sick Bird/High Death Loss Testing
- *** FAD number needed - contact USDA or NDA*****
- Surveillance Zone Testing
- Control Zone Name: _____
- Secure Food Supply Plan Testing (Movement out of control zone)
- Other: _____

Tests / Assays Requested (Indicate number)

	ELISA									
Chick Check	AE	CAV	IB	IBD	NDV	REO	PM	MG	MS	AI
	PCR				SPA*			AGID	Culture	
MG/MS	NDV	AI	SE	SAL	S. pullorum	MG	MS	AI	Salmonella	

SAL = PCR for Sal spp. detecting multiple serotypes

*SPA = serum plate antigen

OTHER (specify):

Name of Submitter: _____ Contact Number: _____