

**Veterinary Diagnostic Center  
Ruminant Submission Form**

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>27Mar2024</b>		<b>27Mar2025</b>	

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>

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>

**Toxicology (Referred to another lab)**

Copper  Nitrates/Nitrites  Other: \_\_\_\_\_  
 Lead (bio fluids, water or forage)  
 Vitamin A  Toxin Screen by GC-Mass Spec  
 Vitamin E  Trace Minerals

**Pathology**

**Necropsy**  Gross Only  Gross & Discretion of Lab  Spinal Cord Removal

**Histopathology**  Biopsy  Brain  Fixed Tissue

**Clinical Pathology**  Cytology: Morphological Review  Total Protein  Urinalysis: Dipstick, USG & Sediment (crystal & cell counts only)

**Serology**

Anaplasmosis (ELISA)  IBR (SN)  
 Bluetongue (ELISA)  Johne's (ELISA)  
 BLV (ELISA)  Lepto MAT (6 serovars)  
 BRSV (SN)  Neospora caninum (ELISA)  
 CAE/OPP (ELISA)  Pregnancy (ELISA)  
 EHD/BT (AGID)

**Requires VS Form 4-33 Brucellosis Record**

Brucella abortus:  BAPA  Card Test  CF\*  
 Brucella melitensis - goats only  
 Brucella ovis - sheep only\*  
**\*Referred to another lab**

**Parasitology**

AF stain for Cryptosporidia  Giardia/Crypto Antigen  
 Baermann Technique  Parasite Gross or Microscopic ID  
 Fecal Floatation  Quant Fecal Egg Count  STAT Testing  
 Flukefinder  Nematode Speciation PCR (min. 10 gm of feces)

**Bacteriology**

Aerobic Culture  Gram Stain  
 Anaerobic Culture  Listeria Culture  
 Antimicrobial Susceptibility  Mannheimia haemolytica Typing MALDI  
 Campylobacter Culture  Milk/Mastitis Culture  
 FA for Clostridium novyi,  Moraxella bovoculi Typing MALDI  
 chauvoei, septicum & sordellii  Mycoplasma Culture  
 Fungal Culture  Salmonella Culture

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

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

**Virology**

Rabies (FA)  
 Virus Isolation

For probable human exposure rabies cases go to: <https://dhhs-needs2.ne.gov/rabies/fs/index.xhtml>

**Other tests not listed:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**BVD Testing - Please circle/highlight specimen submitted**

BVD (IHC) - *Detects PI* - Fresh or fixed ear notches ONLY - [Please use the separate BVD submission form for this test](#)

BVD w/ pooling option (PCR) - Fresh ear notches or serum ONLY - [Please use the separate BVD submission form for this test](#)

BVD (PCR)	Serum	Lung	Thymus	EDTA Whole blood	Semen
BVD Antigen Capture ELISA - <i>Detects PI</i>	Serum	Skin			
BVD Type I & II (SN)	Serum				
BVD Genotyping	Serum	Lung	Thymus	EDTA Whole blood	

**\*\*\*State Fair 4H/FFA: For less than 7 samples, it is less expensive to run individual ELISA's or IHC's instead of a Pooled PCR\*\*\***

Ind.	Pool	Molecular Diagnostics (PCR) - Please circle/highlight specimen submitted
		Anaplasma marginale EDTA Whole Blood Spleen
		Anaplasma marginale /Theileria orientalis EDTA Whole Blood Spleen
	N/A	Bacillus anthracis Spleen EDTA Whole blood Sanguineous Fluid
	N/A	Bluetongue Virus (BT) EDTA Whole Blood Spleen
	N/A	BLV Realtime PCR EDTA Whole Blood Semen
	N/A	Bovine E. coli typing Feces Intestine Fresh Tissue
	N/A	Bovine Herpesvirus 1 (IBR) Nasal Swabs Eye swabs Lung Semen
	N/A	Rotavirus Typing Positive for Rotavirus: Feces Intestinal Content/Intestine
	N/A	Chlamydia spp. Realtime PCR Aborted fetal tissue (Liver, Lung or Spleen) Fluid (Peritoneal, Pericardial or Thoracic)
		Swabs (Conjunctival, Nasal, Pharyngeal, Bronchial, Vulvar, Joint, Oropharyngeal)
	N/A	Clostridium perfringens typing Live organism Feces Small/Large Intestine Fecal swabs
	N/A	Epizootic Hemorrhagic Disease (EHD) EDTA Whole Blood Spleen
		Johne's Direct Fecal Feces (at least 5 grams) ***Maximum of 5 pooled***
	N/A	Leptospira spp. Urine Kidney Liver
	N/A	Listeria monocytogenes & ivanovii Brain Stem Placenta Tissues
	N/A	Malignant Catarrhal Fever (MCF) Spleen Lymph Node Swab
	N/A	Mycoplasma spp. Swab Affected tissue Body Fluid
	N/A	Neospora caninum Brain Skeletal muscle Heart
	N/A	Q-fever (Coxiella burnetii) Placenta Aborted Fetus
	N/A	Ureaplasma spp. Swab Affected tissue Body Fluid

[For all Trich PCR testing, please use the separate Tritrichomonas foetus submission form.](#)

**Panels:**

\_\_\_\_\_  
 Abortion Panel (Leptospira, IBR, NEO, BVD)  
 Fetal Tissue, Placenta

\_\_\_\_\_  
 Caprine/Ovine Abortion Panel (Aerobic culture, Campylobacter culture, Q-Fever, Chlamydia)  
 Fetal Tissue, Placenta

\_\_\_\_\_  
 Bovine Respiratory Disease Bacterial Panel (Pasteurella multocida, Mannheimia haemolytica, Mycoplasma bovis, Histophilus somni)  
 Nasal Swab, Nasopharyngeal Swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

\_\_\_\_\_  
 Bovine Respiratory Disease Viral Panel (BHV-1, BVDV, BRSV, BCV)  
 Nasal swab, Nasopharyngeal swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

\_\_\_\_\_  
 Bovine Respiratory Disease Antimicrobial Resistance (Detects genes associated with Macrolide and Tetracycline resistance.)  
 Nasal Swab, Nasopharyngeal Swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

\_\_\_\_\_  
**BRD Complete Panel – Bovine Resp. Disease Bacterial Panel, Viral Panel & Antimicrobial Resistance (discounted from ordering individually)**  
 Nasal swab, Nasopharyngeal swab, Lung, Tracheal/Bronchoalveolar Washes - **Gel bacterial swabs are NOT acceptable**

\_\_\_\_\_  
 Bovine Pinkeye Realtime PCR Panel (M. bovis, M. bovoculi, Myco.bovis, Myco. bovoculi and IBR virus) - Ocular Swab - **Gel swabs are NOT acceptable**

\_\_\_\_\_  
 Calf Diarrhea (E. coli K99, Salmonella, Cryptosporidium, Rotavirus, & Coronavirus) - Minimum of 5 grams of feces or intestinal contents, Fecal swabs