

**Veterinary Diagnostic Center
Swine 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		
<u>Submit the following for abortions: abomasal contents, brain, heart, kidney, liver, lung, placenta, thymus</u>						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 Unthriftness 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.

Toxicology (Referred to another lab)

<input type="checkbox"/> Cholinesterase	<input type="checkbox"/> Sodium Chloride
<input type="checkbox"/> Lead	<input type="checkbox"/> Toxin Screen by GC-Mass Spec
<input type="checkbox"/> Mycotoxin (feed)	<input type="checkbox"/> Trace Minerals
<input type="checkbox"/> Nitrates (bio fluids, water or forage)	<input type="checkbox"/> Vitamin A
<input type="checkbox"/> Selenium	<input type="checkbox"/> Vitamin E

Parasitology

<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"/> STAT Testing

Pathology

Necropsy	Histopathology	Clinical Pathology
<input type="checkbox"/> Gross Only	<input type="checkbox"/> Fixed Tissue	<input type="checkbox"/> Cytology: Morphological Review
<input type="checkbox"/> Gross & Discretion of Lab		<input type="checkbox"/> Total Protein
<input type="checkbox"/> Spinal Cord Removal		<input type="checkbox"/> Urinalysis: Dipstick, USG & Sediment (crystal & cell counts only)

Bacteriology

<input type="checkbox"/> Aerobic Culture	<input type="checkbox"/> Fungal Culture
<input type="checkbox"/> Anaerobic Culture	<input type="checkbox"/> Gram Stain
<input type="checkbox"/> Antimicrobial Susceptibility	<input type="checkbox"/> Listeria Culture
<input type="checkbox"/> Clostridium difficile Antigen & Toxin	<input type="checkbox"/> Salmonella Culture

Serology

<input type="checkbox"/> Mycoplasma hyopneumoniae (ELISA)	Requires VS Form 4-33 Brucellosis	
<input type="checkbox"/> PPV (HAI)	<input type="checkbox"/> Brucella suis Antigen Test:	
<input type="checkbox"/> PRRS (ELISA)	<input type="checkbox"/> BAPA <input type="checkbox"/> Card Test <input type="checkbox"/> CF*	
<input type="checkbox"/> Swine Influenza, H1N1 (HAI)	Requires Form PR 02 for PRV Serology	
<input type="checkbox"/> Swine Influenza, H3N2 (HAI)	<input type="checkbox"/> Pseudorabies Virus (gl)	
<input type="checkbox"/> Leptospira (MAT)	<input type="checkbox"/> Pseudorabies Virus Screening (gB)	

*Referred to another lab

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
<input type="checkbox"/> Other: _____	

Virology

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

Other tests not listed:



Click here for probable human exposure to rabies.



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

Molecular Diagnostics (PCR)									
Ind.	Pool	Specimen (Please circle/highlight specimen submitted)							
	N/A	Chlamydia spp. Realtime PCR	Aborted fetal tissue (Liver, Lung or Spleen)			Fluid (Peritoneal, Pericardial or Thoracic)			
	N/A	Clostridium perfringens typing	Swabs (Conjunctival, Nasal, Pharyngeal, Bronchial, Vulvar, Joint, Oropharyngeal)	Live organism	Feces	Small/Large Intestine	Fecal Swabs		
	N/A	Delta coronavirus Realtime PCR	Feces	Intestinal Contents	Intestine				
	N/A	E. coli typing (pili, toxin) Molecular Diagnostics	Feces	Intestine	Fresh tissue				
	N/A	Lawsonia intracellularis Molecular Diagnostics	Intestinal scrapings	Feces					
	N/A	Listeria monocytogenes & ivanovii	Brain Stem	Placenta	Tissues				
	N/A	Mycoplasma hyopneumoniae Realtime Molecular	Swab	Affected tissue	Body Fluid				
	N/A	Mycoplasma hyosynoviae Realtime Molecular	Swab	Affected tissue	Body Fluid				
	N/A	Mycoplasma spp.	Swab	Affected tissue	Body Fluid				
	N/A	Porcine Circovirus 2 (PCV2) Realtime PCR	Lung	Lymph node	Intestine	Trachea	Nasal Swab	Oral Fluids	Serum
	N/A	Porcine Reproductive and Respiratory Syndrome	0.5 mL Serum (Red Top)			Oral Fluids	Semen	5 gm Lung	
	N/A	Porcine rotavirus A,B,C Realtime PCR	Feces						
	N/A	Pseudorabies Virus (PRV) PCR	Liver	Spleen	Lymph Nodes	Ganglion Sample			
	N/A	Seneca Valley Virus Realtime PCR	Vesicle Swab		Tissues				
	N/A	Swine Influenza Virus (SIV) Realtime PCR	Lung	Swab (Nasal or Pharyngeal) in viral transport media or BHI (Brain Heart Infusion medium)					
Gel bacterial swabs are not acceptable									
Panels:									
		PCV2/Parvo PCR	Placenta, Fetal Tissue (Lung, Lymph node, Intestine, or Trachea), Serum						
		PEDV/TGE PCR	Feces, Intestinal Content						
		Porcine enteric diseases panel (PEDV,TGEV, Rotavirus A, B, C)	Feces, Intestine, Intestinal Content						