

Mailing Address: PO Box 82646  
Lincoln NE 68501-2646

Delivery Address: 4040 East Campus Loop North  
Lincoln NE 68583-0907

Phone: 402-472-1434

Email: [vdc2@unl.edu](mailto:vdc2@unl.edu)

<https://vbms.unl.edu/nvdlis>

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>		

Hunter (Owner) Information			Landowner Information		
*Name:			Name:		
*Address:			Address:		
*City:	*State:	*Zip:	City:	State:	Zip:
*Phone:	Fax:		Phone:	Owner Fax:	
E-mail Address:			County:		
Report Results to: <input type="checkbox"/> NGPC			NGPC Tag Number		
Report Results to: <input type="checkbox"/> Owner (requires full street or e-mail address)			Send Results By: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

**\*Required Information**

	<p>With this submission, I agree to abide by the policies of the NVDC.</p> <p><a href="https://vbms.unl.edu/nvdc-general-policies">https://vbms.unl.edu/nvdc-general-policies</a></p>
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Testing Information
<input type="checkbox"/> Chronic Wasting Disease (CWD) Immunohistochemistry

Animal Information
White Tailed Deer <input type="checkbox"/> Mule Deer <input type="checkbox"/> Elk <input type="checkbox"/> Other
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Age: Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult <input type="checkbox"/>
2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4-5 yrs <input type="checkbox"/> 6-8 yrs <input type="checkbox"/> 9-12 yrs <input type="checkbox"/> 12+ yrs <input type="checkbox"/>
Any abnormalities noted:

Payment Information	
<input type="checkbox"/> Credit Card	All tests are subject to a Submission Fee of \$17.00 <b>in addition to</b> the CWD Test Fee of \$40.70
<input type="checkbox"/> Check	
<input type="checkbox"/> Cash (if paying by cash, exact amount only)	