

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/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.	
Effective Date		Review Date	
10Apr2024		10Apr2025	

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.

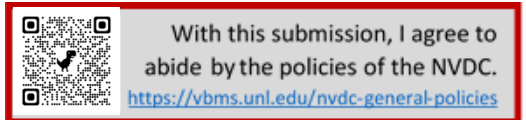
Specimens Submitted

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:



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>

Pathology

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

Parasitology

___ AF stain for Cryptosporidia ___ Giardia/Crypto Antigen
 ___ Baermann Technique ___ Parasite Gross or Microscopic ID
 ___ Fecal Floatation ___ Quant Fecal Egg Count
 ___ Feline Fecal Trich Culture ___ STAT Testing

Bacteriology

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

Serology

___ Brucella canis ___ Rocky Mountain Spotted Fever IFA
 ___ Ehrlichia canis IFA ___ Tick Screen (RMSF, Lyme & E. canis)
 ___ Equine Infectious Anemia (EIA) ___ West Nile IgG
 ___ Lepto MAT (6 serovars) ___ West Nile IgM
 ___ Lyme Disease IFA

Toxicology (Referred to another lab)

___ Lead
 ___ Mineral Panel
 ___ Nitrates (bio fluids, water or forage)
 ___ Toxin Screen by GC-Mass Spec
 ___ Vitamin A
 ___ Vitamin E



For probable **human exposure rabies** cases go to: <https://dhhs-nedss2.ne.gov/rabies/fs/index.xhtml>

Virology

___ Rabies (FA)
 ___ Virus Isolation

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: _____

Other tests not listed:



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

Molecular Diagnostics (PCR)

Specimen (Please circle/highlight specimen submitted)

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

Panels:

___ Equine Herpes Virus-1 & 4 (EHV 1/4)
 Nasal swab, Lung, Whole Blood (purple top)
 ___ Feline Multiples PCR (F. Herpes, F. Chlamydia, F. Calicivirus)
 Swab (Nasal or Pharyngeal), Lung