

**Veterinary Diagnostic Center
Swine Submission Form**

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|-----------------------|---|--------------------|--|
| 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 | |
| 12Apr2024 | | 12Apr2025 | |

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>

| | | | | | |
|-------------------|------------------------|----------------|--|--------|------|
| 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 |
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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:



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)

- Cholinesterase
- Lead
- Mycotoxin (feed)
- Nitrates (bio fluids, water or forage)
- Selenium
- Sodium Chloride
- Toxin Screen by GC-Mass Spec
- Trace Minerals
- Vitamin A
- Vitamin E

Pathology

- Necropsy**
 - Gross Only
 - Gross & Discretion of Lab
 - Spinal Cord Removal
- Histopathology**
 - Fixed Tissue
- Clinical Pathology**
 - Cytology: Morphological Review
 - Total Protein
 - Urinalysis: Dipstick, USG & Sediment (crystal & cell counts only)

Serology

- Mycoplasma hyopneumoniae (ELISA)
 - PPV (HAI)
 - PRRS (ELISA)
 - Swine Influenza, H1N1 (HAI)
 - Swine Influenza, H3N2 (HAI)
 - Leptospira (MAT)
 - Requires VS Form 4-33 Brucellosis**
 - Brucella suis Antigen Test:
 - BAPA
 - Card Test
 - CF*
 - Requires Form PR 02 for PRV Serology**
 - Pseudorabies Virus (gl)
 - Pseudorabies Virus Screening (gB)
- *Referred to another lab

Parasitology

- Baermann Technique
- Fecal Floatation
- Parasite Gross or Microscopic ID
- Quant Fecal Egg Count
- STAT Testing

Bacteriology

- Aerobic Culture
- Anaerobic Culture
- Antimicrobial Susceptibility
- Clostridium difficile Antigen & Toxin
- Fungal Culture
- Gram Stain
- Listeria Culture
- Salmonella Culture

Commercial Lab Vaccine Production

- Save isolates for possible vaccine
- Forward isolate to the selected lab:**
 - Addison lab
 - American Animal Health Lab
 - Cambridge Lab
 - Other: _____
 - Huvepharma Lab
 - Newport Lab
 - Phibro Lab

Virology

- Rabies (FA)
- Virus Isolation



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

Other tests not listed:

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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.u>

| | | 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 | 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 | | | | | | |