



VETERINARY DIAGNOSTIC CENTER
BVD-PI Skin Biopsy Submission Form

Fair Street and East Campus Loop
Mailing Address: P.O. Box 82646 Delivery
Address: 1900 N 42nd St.
Lincoln, NE 68501-2646

Phone: (402) 472-1434
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E-mail: vdc@unl.edu
www.nvdl.unl.edu

Office Use Only
Accession Number
Date Rec'd Case Coordinator
Date Results Faxed Date Results Phoned
Invoice Referral

Veterinarian: Owner:
Clinic: Address:
Address: City: State: Zip:
City: State: Zip: Phone: Date Mailed:
Phone: Fax: Send Results by: Mail Fax E-mail
Reports Results to: Veterinarian Owner/Producer Third Party
Person to be Billed: Veterinarian Owner/Producer Third Party
Third Party Address:
City: State: Zip:

Dairy Beef Retest of previous submission Previous Accession Number

Please fill out a separate form for any "retest" samples

Table with 6 columns: Tube #, Animal Identification, Other ID, Sex, Age, Result. 15 empty rows.

Table with 6 columns: Tube #, Animal Identification, Other ID, Sex, Age, Result. 15 empty rows.

Number Negative Number Positive Total Tested
Date Received Date Reported Date Results Phoned/Faxed

Lab Use Only

Sample Integrity: Good Broken Missing Initials
Called Vet Date Time By Comments

