VETERINARY DIAGNOSTIC CENTER
Johne's Testing/Certification Program 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
Fax: (402) 472-3094
E-mail: vdc@unl.edu
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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:		
Phone:	Fax:		Date Mailed:		
Person to be billed: ☐ Veterinarian ☐ Owner/Producer ☐ Third Party			**Reports Results to:** ☐ Veterinarian ☐ Owner/Producer ☐ Third Party		
Send Results By:	☐ Fax		☐ E-mail		☐ Mail

Current Johne's disease Status	**Reason for Test:**	**Herd ID No:** _____
Level 1 ☐ Uncertified ☐	Maintain status: ☐	
Level 2 ☐ Standard Track ☐	Move to next level: ☐	**Sample date:** _____
Level 3 ☐ Fast Track ☐	**Herd size:**	Total samples submitted:
Level 4 ☐	Number of Cows > 3yrs old: _____	Serum ☐ Number samples: _____
	Number of Cows >2yrs old: _____	Feces ☐ Number samples: _____

Tube #	Animal Identification	Other ID	Sex	Age	Result

Tube #	Animal Identification	Other ID	Sex	Age	Result

Number Negative _____ Number Positive _____ Total Tested _____

Date Received _____ Date Reported _____ Reported by _____

Lab Use Only

Sample Integrity: ☐Good ☐Broken ☐Missing Initials_____ ☐Called Vet Date_____ Time_____ By_____ Comments_____

Tube #	Animal Identification	Other ID	Sex	Age	Result