



## Ruminant - Necropsy and Sample Submission Form

### Veterinarian

Veterinarian Name \_\_\_\_\_

Clinic \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Owner/Producer

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Site/Farm: \_\_\_\_\_

Source/Flow \_\_\_\_\_

For office  
use only

### Billing

- ☐ Veterinarian Authorized by: \_\_\_\_\_ Ph \_\_\_\_\_
- ☐ Owner/producer - Payment is required at drop-off (prior to services being rendered)
- ☐ Other \_\_\_\_\_

Contract/PO number \_\_\_\_\_

### Reporting (\*make sure to write an email address in its section above)

- ☐ \*Veterinarian
- ☐ \*Owner/producer
- ☐ Other \_\_\_\_\_

Affiliate (list codes) \_\_\_\_\_

Premise ID attach premises ID bar code sticker

If no sticker, write Premise ID: \_\_\_\_\_

### Specimen History

Specimen(s) \_\_\_\_\_ Age: \_\_\_\_\_ ☐ day ☐ wk ☐ mo ☐ yr

Animal name/ID \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ lb ☐ kg Euthanized: ☐ Yes ☐ No

Additional Herd Information (Herd size, No. sick, No. dead, Vaccination, Therapy...)

### Laboratory Procedures Requested

- ☐ **Necropsy/General Exam of Tissue** (includes bacteriology, histopathology, molecular diagnostics, parasitology, and virology, as determined by the pathologist to be part of the investigation; toxicology, nutrition and other out-sourced tests will be charged at cost; fees may apply to additional tests).
- ☐ **General Exam of Feces** Please submit a minimum of 5 grams (quarter size) of feces.
- ☐ **0 -10 Days:** Aerobic culture (*Salmonella*); Anaerobic culture; Bovine Coronavirus PCR; Bovine Rotavirus PCR; Cryptosporidium/Giardia IFA
- ☐ **8 days - 12 weeks:** Aerobic culture (*Salmonella*); fecal float; Bovine Coronavirus PCR; Bovine Rotavirus PCR; Cryptosporidium/Giardia IFA
- ☐ **13 weeks - 11 months:** Aerobic culture (*Salmonella*); fecal float; Bovine Coronavirus PCR
- ☐ **12 months +:** Aerobic culture (*Salmonella*); fecal float; Bovine Coronavirus PCR; *Mycobacterium paratuberculosis* PCR
- ☐ **Test only for:** \_\_\_\_\_

### History/Clinical Signs/Clinical Diagnosis/Necropsy Findings/Additional Information or Requests

**Note:** The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

