

MDH use
ONLY

Necropsy and Sample Submission Form

Contact Information - Owner/Producer

Owner Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____
Animal Location: Site _____ State _____
County _____ Hospital/Reference No. _____
Delivered By _____

Specimen History

Specimen(s) _____
Animal name/ID _____
Species _____ Breed _____
Ident/color _____
Age _____ (Please circle: day wk mo yr)
Weight _____ (Please circle: lb kg)
Gender: M F N/M S/F
Date of Death _____ Time of Death _____

Attending Veterinarian

Veterinarian _____
Clinic _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

Euthanized: Yes No How _____
Herd/Flock Size _____ No. in affected group _____
No. sick _____ No. dead _____
Duration of problem in submitted animal(s) _____
Duration in herd/flock _____
Type of housing/environment _____
Ration _____
Vaccination _____
Therapy _____
Purchased: Yes No Date _____

Result Reporting and Billing

Affiliate (list codes) _____
Phone _____ Fax _____
Email _____
Bill: Vet/Clinic
 Other _____

Major clinical sign(s)

Clinical Diagnosis

Narrative history/necropsy findings

For office
use only

Swine Specific Information:

Site/Farm _____
Prem./Ref. ID _____
Source _____
Flow _____
County _____

*Please check all applicable choices if PRRS sequencing is desired

Reason for submission:
 Outbreak Surveillance
Clinical signs:
 Respiratory Reproductive
 Other _____

Severity of clinical signs:

Low Moderate Acute

Vaccination:

None Autologous Killed
 Ingelvac MLV Ingelvac ATP

Cremation Request:

(Please see Permission for Euthanasia form)

Mass (No remains returned)
 Individual

(Remains returned. Arranged by Owner or Veterinary Clinic.)

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.

Narrative history/necropsy findings (continued)

Section below is for Laboratory use only.

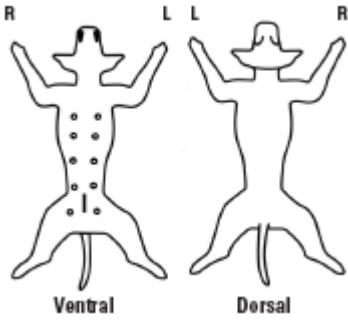
Specimen _____

Fixed Unfixed

Specimen condition: Live Good Fair Poor Unsuitable

Necropsy/Gross findings: _____

Necropsy and Sample Submission Form



Indicate skin lesion site on above drawing

Specimens for Surgical Pathology

1. Location _____
2. Size and shape _____
3. Color, texture and presence of capsule _____
4. Growth pattern (expansion, invasion, pedunculation, etc.) _____
5. Duration _____ Rate of Growth _____
6. Evidence of hemorrhage, necrosis or suppuration _____
7. History of recurrence? Previous Case no. _____

Laboratory Procedures Requested (Please see current fee schedule for complete listing of services available)

***I UNDERSTAND THAT THE NON-CREMATED REMAINS CANNOT BE RETURNED. See page 4 "Permission for euthanasia, necropsy & disposal of remains" for further information.**

As owner or agent of the animal(s) presented for this case, I authorize the Veterinary Diagnostic Laboratory (VDL) staff to proceed as follows:

General Laboratory Investigation

Necropsy/General Exam of Tissue (includes bacteriology, EM, histopathology, molecular diagnostics, nutrition, parasitology, serology, toxicology, and virology).

*General Fecal exam for Companion animals includes: aerobic culture (Salmonella),

anaerobic culture, Campylobacter culture, electron microscopy, fecal float and Cryptosporidium/Giardia by IFA.

Bacteriology/Mycology

- Aerobic Culture Fungal Culture Susceptibility
 Anaerobic Culture _____

Clinical Chemistry

- Bile Acids Phenobarbital
 Large Animal Profile Small Animal Profile
 Other _____

CSF Chemistry

- CK Glucose Protein
 Other _____

Urine:

- Complete Urinalysis Urine protein/Creatinine ratio
 Other _____

Cytology

- CSF (cell counts & cytology) Cytology - urine sediment
 Cytology - tissues Fluid analysis, complete
 Source _____ Source _____

Electron Microscopy

- Cell / Tissue ultrastructure Viral Identification

Endocrinology (please use specific endocrinology form)

Hematology

- Bone marrow core & aspirate Complete Blood Count (CBC)
 Buffy coat smears Differential only RBC parasite screen
 Coagulation profile Platelet count Reticulocyte count
 Other _____

Parasitology

- Cryptosporidium Occult heartworm
 Fecal flotation Parasite identification
 Giardia Quantitative Fecal Exam
 General Fecal exam *
 Other _____

Pathology - Histopathology/Surgicals

- Routine H&E Special Stains

Pathology - Immunohistochemistry

- Immunological Markers Tissue Markers
 Infectious Agents
 Other _____

Rabies (please use Minnesota Department of Health Rabies form)

- Serology (Canine)** Bleed date _____
 Borrelia burgdorferi-Lyme disease (IFA) Canine influenza (HI)
 Brucella canis (card agglutination test) Canine parvovirus (HI)
 Brucella canis (tube agglutination test) Leptospirosis, 6 serovars (MA)
 Canine distemper
 Other _____

Toxicology

- Anticoagulant Screen Minerals, Fresh Tissue
 Lead Minerals, Fixed Tissue
 Mycotoxin Screen Toxic Elements (Feed/Fluid/Whole Blood
 Other _____ Whole Blood Extended)

For a detailed list of elements included in each panel, please visit our website: www.vdl.umn.edu/ourservices/toxicology

Virology

- Virus isolation - virus name(s) _____

Miscellaneous

- _____

Note: For supplies, including mailing cartons, contact the lab directly: Phone (612) 625-8787, Fax (612) 624-8707, Toll free 1-800-605-8787, Email vd@umn.edu