Oregon Veterinary Diagnostic Laboratory

Biopsy/Necropsy Submission Form

Phone: 541-737-3261 Fax: 541-737-6817
Email: vet.diagnostic@oregonstate.edu
Website: http://vetmed.oregonstate.edu

Address:
134 Magruder Hall
Corvallis OR 97331-4801

For VDL Use Only

VDL Account #	**Owner Information – *(if other than submitter)***
Submitter:	Owner:
Address:	Address:
City: State Zip	City: State Zip
Phone: Fax:	Phone: Fax:
Email:	Previous Accessions:
Reporting: E-mail Report ☐ Fax Report ☐ Mail Report ☐	Copy Results To:
Submitting Veterinarian:	Email/Fax:

ANIMAL IDENTIFICATION—Use Multiple Animal ID Form if necessary

SEX: F=Female, FS=Spayed Female, M=Male, MC=Castrated Male, U=Unknown—AGE: Y=Years, M=Months, W=Weeks, D=Days; DOB=Date of Birth

NO.	NAME/IDENTIFIER NO.	SPECIES	BREED	SEX	AGE/DOB
1					
2					
3					

Specimens Submitted - indicate number of each sample type **Date Specimens Taken**_____ **Date Specimens Submitted**_____

#___Whole Animal #____Blood, whole #___Milk #___Fluid (origin) _____

#___Fresh Tissue #____Serum #___Urine ___voided ___catheterized #___Swab (origin) _____

#___Fixed Tissue #____Plasma ___cystocentesis #___Other (origin) _____

___Histopathology on Biopsy (source):_____

___Necropsy Only

___Necropsy with Histology

___Necropsy & Complete Diagnostic Work Up

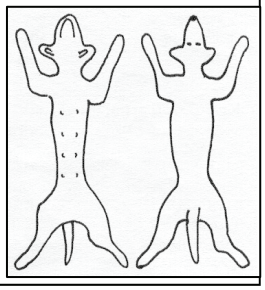
___Other:_____

Necropsy Only: Gross necropsy includes an external examination of the animal and an examination of the internal organs including those of the respiratory system, digestive system, cardiovascular system, urogenital system, endocrine system and brain. The spinal cord and peripheral nerves may also be examined if indicated by the animal's history.
Necropsy with Histology: Gross necropsy along with microscopic examination of organ tissues.
Necropsy & Complete Diagnostic Work Up: Gross necropsy is performed, with ancillary testing being completed at the discretion of the pathologist.

History: Please include clinical presentation, feed/husbandry changes, onset and duration of illness, treatments (include antibiotics), vaccinations.

Number of animals in this submission_____ Total number of animals_____ Number of sick animals_____ Number of dead animals_____

Date of death____/____/____ Euthanized: Yes_____ No_____ Rabies Suspect: Yes_____ No_____



Care of Remains (small animals only): Post necropsy, remains will only be released to a licensed crematory service. Arrangements must be made directly with the crematory service, prior to delivery to the OSU VDL. ****If no selection is made, routine disposal will be completed****

☐ Routine Disposal
☐ Cremation (specify company)_____

VDL USE ONLY	**SHIPPING**		**COLD PACK**	**SPECIMEN CONDITION**
Date Received:_____	____Courier	___Hand Delivered	___Yes ___No	___No ID on Samples
Rec'd By:_____	____FedEx	___US Mail	___Frozen	___Sample is leaking
Overnight/Weekend:_____	____Greyhound	UPS: PP Next 2nd	___Thawed	___Other_____