



Oregon State University Veterinary Diagnostic Laboratory

Biopsy/Necropsy Submission Form

For VDL Use
Only

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

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.

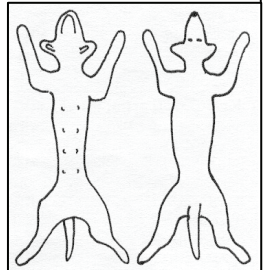
Number of animals in this submission _____ Total number of animals _____ Number of sick animals _____ Number of dead animals _____

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 _____