

**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 # We will create/look up the account for you	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 <input type="checkbox"/> Fax Report <input type="checkbox"/> Mail Report <input type="checkbox"/>	Copy Results To: Provide name/contact info if a copy is required
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 **Select a test**

___ 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 _____

Please provide history regarding this animal

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 <u>UPS:</u> PP Next 2nd	___ Thawed	___ Other _____