

Oregon 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

Is this research? (If checked, blocks and slides will be returned to you and no diagnostic read out will be performed).

| | | | |
|--------------------------|-------------------------------|--|------------------|
| VDL Account # | Has your information changed? | 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) _____ |
| # __ Formalin Fixed Tissue | # __ Plasma | __cystocentesis | # __ Other (origin) _____ |

| | |
|---|---|
| <input type="checkbox"/> Histopathology on Biopsy (source): _____ <input type="checkbox"/> Necropsy Only <input type="checkbox"/> Necropsy with Histology <input type="checkbox"/> Necropsy & Complete Diagnostic Work Up <input type="checkbox"/> Other: _____ | <p>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.</p> <p>Necropsy with Histology: Gross necropsy along with microscopic examination of organ tissues.</p> <p>Necropsy & Complete Diagnostic Work Up: Gross necropsy is performed, with ancillary testing being completed at the discretion of the pathologist.</p> |
|---|---|

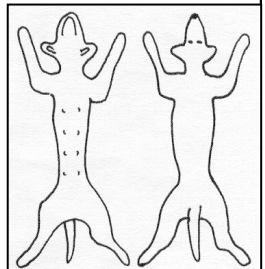
History: Please include clinical presentation, feed/husbandry changes, onset and duration of illness, treatments (include antibiotics), vaccinations.

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