

# GENERAL SUBMISSION / NECROPSY FORM

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Accession Number \_\_\_\_\_

Date \_\_\_\_\_

This box is for client's internal use only.

**DVM** \_\_\_\_\_  
Clinic \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Copy to \_\_\_\_\_  
Export to \_\_\_\_\_

**OWNER** \_\_\_\_\_  
Premise ID \_\_\_\_\_ State \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**HISTORY**  
Clinical signs/  
tentative  
diagnosis

**Gross  
Necropsy  
Lesions**

**SPECIES** \_\_\_\_\_ # in Herd \_\_\_\_\_  
Breed \_\_\_\_\_ # Dead \_\_\_\_\_  
Age \_\_\_\_\_ Sex \_\_\_\_\_ # Sick \_\_\_\_\_

**Animal ID Number(s)** \_\_\_\_\_

**CHECK ANY THAT APPLY:**

- Diarrhea  Pneumonia  Lameness  
 Abortion  CNS Other \_\_\_\_\_  
 Vaccinations \_\_\_\_\_  
 Treatments \_\_\_\_\_

**IS THIS A RABIES SUSPECT?**  NO  YES  
 Pet  Stray  Wildlife

**WAS THIS ANIMAL VACCINATED FOR RABIES?**  
 NO  YES When? \_\_\_\_\_

**DID THIS ANIMAL EXPOSE ANY OTHER ANIMALS?**  
 NO  Unknown  YES Species? \_\_\_\_\_

**HUMAN EXPOSURE?**  
 NO  YES  Unknown

**TYPE OF HUMAN EXPOSURE?**  
 Bite  Scratch  Other \_\_\_\_\_  
Person(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

**IF RABIES IS NEGATIVE DO YOU WANT A COMPLETE NECROPSY?**  NO  YES

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**IF SWINE SIV SUBMISSION:**

- Sick Pigs  H1N1 Public Health Investigation  
 Commingled Pigs

**# OF SPECIMENS** \_\_\_\_\_ Date Collected \_\_\_\_\_  Body  Serum  Whole Blood  Feces  
 Tissue (list) \_\_\_\_\_  Fluid/Swab \_\_\_\_\_

I request a complete diagnostic examination (at discretion of Laboratory)

I request ONLY the following services/tests:

- Bacteriology  Histopath  Virology  Molecular Diagnostics (PCR)  Immunohistochemistry  
 Serology  Parasitology  Rabies Test  Tox Exam (list specific toxin) \_\_\_\_\_

This is not an official Federal test form. Use Laboratory VS Forms for Brucellosis and EIA. The ADRDL is an accredited AAVLD laboratory and a member of the USDA National Animal Health Laboratory Network. Completing and submitting any submission form or any other means of requesting services creates a contractual agreement for services requested and the specimens submitted become the property of the ADRDL. At no additional expense to our clients, specimens submitted to the ADRDL may be subjected to additional testing upon the order of state or federal animal health officials, or when a Foreign Animal Disease is suspected, or in support of surveillance for other animal diseases.