GENERAL SUBMISSION / NECROPSY FORM

Accession Number

Date

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Animal Disease Research & Diagnostic Lab
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This box		
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internal use		
only.		
Jilly.		

DVM		SPECIES		# in Herd		
Clinic		Breed		# Dead		
Address		Age	Sex	# Sick		
City		Animal ID N	umber(s)			
State	Zip Fax	☐ Diarrhea☐ Abortion	CHECK ANY THAT APPLY: Diarrhea Pneumonia Lameness Abortion CNS Other			
Copy to		☐ Vaccination ☐ Treatme				
OWNER _	04-4-	IS THIS A RA	-	CT? NO YES		
Premise ID_ City	State		WAS THIS ANIMAL VACCINATED FOR RABIES? ☐ NO ☐ YES When? DID THIS ANIMAL EXPOSE ANY OTHER ANIMALS? ☐ NO ☐ Unknown ☐ YES Species?			
State	Zip					
HISTORY Clinical signs/ tentative diagnosis	Fax	TYPE OF HU Bite Person(s) Address	YES Ur MAN EXPOS Scratch O	ther State		
Gross Necropsy Lesions		WANT A COI	V SUBMISSI	ROPSY? — 		
# OF SPECIME Tissue (list		_ , _		Whole Blood		
☐ I request O	complete diagnostic examination (at discretion of L NLY the following services/tests:	_				
	acteriology	☐ Molecular Diagno x Exam (list specific	, ,	Immunohistochemistry		