

Ruminant Necropsy form

PLEASE COMPLETE ALL FIELDS AND PRINT LEGIBLY

Responsible for payment: Referring veterinarian – Authorized by: _____ Ph: _____
 Owner – Payment is required at drop-off (prior to services being rendered)

Attending Veterinarian

(Results* will be sent here unless otherwise noted)

Veterinarian _____

Clinic _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

Send *results via: Email: _____
OR Fax: _____

Affiliate (list codes) _____

Owner/Producer

Owner Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Animal Location Site: _____

State: _____ County: _____

Source: _____ Delivered By _____

Payment at drop-off

Cash Check

Credit

Payment Rec'd \$ _____

Initial _____

Specimen History

Specimen(s) _____

Animal name/ID _____

Species _____ Breed _____

Ident/color _____

Age _____ (Please circle: day wk mo yr)

Weight _____ (Please circle: lb kg)

Sex: M F N/M S/F

Date of Death _____ Time of Death _____ Purchased: Yes No

Euthanized: Yes No How _____ Date _____

Herd size _____ No. in affected group _____ No. sick _____ No. dead _____

Duration of problem in submitted animal(s) _____ Duration in herd _____

Type of housing/environment _____ Ration _____

Vaccination _____ Therapy _____

Laboratory Procedures Requested

Necropsy/General Exam of Tissue (includes bacteriology, EM, histopathology, molecular diagnostics, parasitology, serology, and virology, as determined by the pathologist to be part of the investigation; toxicology, nutrition and other out-sourced tests will be charged at cost; fees may apply to additional tests;).

General Exam of Feces Please submit a minimum of 5 grams (quarter size) of feces.

0 -10 Days: Aerobic culture (*Salmonella*); Anaerobic culture; Bovine Coronavirus PCR; Bovine Rotavirus PCR; Cryptosporidium/Giardia IFA

8 days - 12 weeks: Aerobic culture (*Salmonella*); fecal float; Bovine Coronavirus PCR; Bovine Rotavirus PCR; Cryptosporidium/Giardia IFA

13 weeks - 11 months: Aerobic culture (*Salmonella*); fecal float; Bovine Coronavirus PCR

12 months +: Aerobic culture (*Salmonella*); fecal float; Bovine Coronavirus PCR; *Mycobacterium paratuberculosis* PCR

Other: _____

History/Clinical Signs/Clinical Diagnosis/Necropsy Findings/Additional Information or Requests

Note: The MVDL reserves the right to subcontract any work required to complete testing of any and all submissions. Any subcontracted work will be identified on the laboratory report.

If applicable
FAD Number: _____

For office
use only

