

VETERINARIAN'S PHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

REPORT TO OWNER YES NO DATE SHIPPED \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ CASE NO. \_\_\_\_\_

|                                |         |  |      |          |          |   |   |             |          |              |     |     |
|--------------------------------|---------|--|------|----------|----------|---|---|-------------|----------|--------------|-----|-----|
| OWNER (LAST NAME FIRST)        | ADDRESS |  | CITY | STATE    | ZIP CODE | SPECIES<br><input type="checkbox"/> BOVINE<br><input type="checkbox"/> EQUINE<br><input type="checkbox"/> PORCINE<br><input type="checkbox"/> OVINE<br><input type="checkbox"/> FELINE<br><input type="checkbox"/> CANINE<br><input type="checkbox"/> AVIAN<br><input type="checkbox"/> WILD LIFE<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> MISC. ANIMALS | Lab use only - Sample condition on arrival<br><input type="checkbox"/> Room Temp <input type="checkbox"/> Cold Pack <input type="checkbox"/> Fixed<br><input type="checkbox"/> Frozen <input type="checkbox"/> Decomposed <input type="checkbox"/> Other<br><input type="checkbox"/> Mail <input type="checkbox"/> UPS <input type="checkbox"/> Courier <input type="checkbox"/> Hand Deliver |             |          |              |     |     |
| VETERINARIAN (LAST NAME FIRST) | ADDRESS |  | CITY | ZIP CODE |          |   |   |             |          |              |     |     |
|                                |         |  |      |          |          |   |   |             |          |              |     |     |
|                                |         |  |      |          |          |   | BREED   | NO. IN HERD | NO. DEAD | NO. AFFECTED | AGE | SEX |

ANIMAL ID: \_\_\_\_\_ Date & Time of Death \_\_\_\_\_ If Euthanized—Method \_\_\_\_\_

SPECIMENS SUBMITTED: Whole animals: #Live \_\_\_\_\_ #Dead \_\_\_\_\_ #Fetuses \_\_\_\_\_ Date Samples Taken: \_\_\_\_\_

|           | Fixed | Fresh | Fixed  | Fresh | Fixed       | Fresh | #Submitted   | #Submitted | #Submitted     |       |                |       |
|-----------|-------|-------|--------|-------|-------------|-------|--------------|------------|----------------|-------|----------------|-------|
| Brain     | _____ | _____ | Liver  | _____ | Kidney      | _____ | Feces        | _____      | Blood (EDTA)   | _____ | Feed           | _____ |
| Heart     | _____ | _____ | Spleen | _____ | Placenta    | _____ | Stom content | _____      | Blood (Hep)    | _____ | Water          | _____ |
| Intes, lg | _____ | _____ | Lung   | _____ | Skin Biopsy | _____ | Urine        | _____      | Serum          | _____ | Slides         | _____ |
| Intes, sm | _____ | _____ | LN     | _____ | Tumor       | _____ | Milk         | _____      | Swab           | _____ | Fluid          | _____ |
|           |       |       |        |       |             |       |              |            | (source _____) |       | (source _____) |       |

EXAMINATIONS REQUESTED: (Unless GENERAL INVESTIGATION Discretion of Lab is marked, ONLY the indicated tests will be done.)

- GENERAL INVESTIGATION (Discretion of Lab)
- TOXICOLOGY
- CLINICAL PATHOLOGY
- ELECTRON MICROSCOPY
- MOLECULAR DIAGNOSTICS (PCR)
- MICROBIOLOGY
- VIROLOGY
- PARASITOLOGY
- IMMUNOHISTOCHEMISTRY
- HISTOPATHOLOGY
- CYTOLOGY
- SEROLOGY
- OTHER \_\_\_\_\_
- RABIES
- HUMAN EXPOSURE (SEE OTHER SIDE)
- NON-HUMAN EXPOSURE

SIGNIFICANT DATA & SPECIAL REQUESTS (Please include any previous Case Numbers related to this problem). \_\_\_\_\_

TENTATIVE DIAGNOSIS: \_\_\_\_\_

VACCINATIONS AND TREATMENTS GIVEN: \_\_\_\_\_

HISTORY (Include clinical signs, duration, etc.): \_\_\_\_\_

NUTRITION: \_\_\_\_\_

NECROPSY DATE \_\_\_\_\_ Findings: (Attach additional sheet if necessary): \_\_\_\_\_

- CHECK FOR ADDITIONAL SUBMISSION FORMS
- CHECK IF YOU DON'T WANT YOUR SHIPPING CONTAINER RETURNED
- CHECK FOR ADDITIONAL FEE SCHEDULES

- The NDVDL reserves the right to subcontract any work required to complete testing. Any subcontracted work will be indicated as such on the laboratory report.
- The submitter is responsible for adherence to sample shipping regulations. No human samples will be accepted.
- This submission form is a contract between NDVDL and the submitter. All fees incurred are the responsibility of the submitter. Specimens submitted including carcasses, tissues and agents isolated from specimens, become the property of NDVDL.

**ADDITIONAL INFORMATION FOR RABIES SPECIMENS ONLY**

Name of Person Exposed \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_

Site of Exposure \_\_\_\_\_ Date of Exposure \_\_\_\_\_

**CIRCLE SYMPTOM(S)**

Sick  
Change in Disposition  
Aggressive  
Absence of Fear  
Does Not Eat  
Does Not Drink

Paralysis  
Incoordination  
Salivation  
Drooling  
Blind  
Circling

Convulsions  
Ocular Discharge  
Unprovoked Attack  
Provoked Attack  
Contact with Other Suspect Rabid Animal(s)  
Howling or Bellowing

Was Animal Vaccinated Against Rabies? \_\_\_\_\_

When? \_\_\_\_\_ By Whom: \_\_\_\_\_

When did Animal Die? \_\_\_\_\_ Was Animal Destroyed? \_\_\_\_\_

**For Laboratory Use Only**

Specimen Unsuitable \_\_\_\_\_

Contacted referring veterinarian (please initial and date) \_\_\_\_\_  Continue case  Discontinue case

Disclaimer: *"Due to the deteriorated condition of samples submitted with this case, results cannot be based upon reliable standards. Interpretation of these results, therefore, is speculative rather than definitive."*

Necropsy Date \_\_\_\_\_ Time \_\_\_\_\_

Disinfection of post mortem floor following necropsy (please initial) \_\_\_\_\_ Product \_\_\_\_\_

Gross Descriptive pathology: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Histopathologic Lesions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Communications: \_\_\_\_\_

\_\_\_\_\_