

Accession: _____

Date received: _____

PRESS FIRMLY; RETAIN LAST COPY FOR PHONE RESULTS

Please indicate preferred method of receiving preliminary reports • Supplies needed: [] Whirl paks [] Accession forms [] Blood tube mailers

Previous accessions (if any) _____

Clinic _____

Submitter _____

Address _____

City, State, Zip _____

Phone [] _____ Fax [] _____

Email [] _____ Web access [] _____

Species _____ Breed _____ Sex _____ Age _____ Weight _____ Animal ID _____

Number of animals in group: _____ Number sick: _____ Number dead: _____ Duration of illness _____

Litigation workup (extra charge) [] yes [] no Do you suspect zoonotic agent? [] yes

Clinical History (herd health, clinical signs, vaccinations, treatments); Use back of original copy if necessary.

CLINICAL DIAGNOSIS: (see over) _____

NECROPSY DIAGNOSIS: (see over) _____

TISSUES SUBMITTED: Fresh _____

Fixed _____

NUMBER OF Carcass _____ Live Animal _____ Fetus _____ Fresh Tissue _____ Fixed Tissue _____ Head _____ Swab/Fluid _____

SPECIMENS SUBMITTED: PBS ear notch _____ Clotted Blood/Serum _____ Blood with Anitcoag _____ Feces _____ Stained Slides _____

Unstained Slides _____ Other _____

TEST(S) REQUESTED:

- [] NECROPSY AND ASSOCIATED TESTS
[] HISTOPATHOLOGY (fixed tissues only): Sample(s) site (see over) _____ [] Immunohistochemistry: [] BVDV [] Other _____
[] BACTERIOLOGY: [] Aerobic _____ [] Anaerobic [] Direct fungal exam [] DTM Culture [] Susceptibility [] Other _____
[] VIROLOGY: [] FA for _____ [] Virus or Chlamydial isolation (circle) [] BVD ELISA (purple top/EDTA, document animal age above)
[] PCR for _____ [] BVD PBS ear notch (ELISA) [] BVD Serum capture (ELISA)
[] ELECTRON MICROSCOPY
[] PARASITOLOGY: Blood /plasma/serum [] Heartworm [] Neospora [] Toxoplasma [] Fecal floatation [] Flukes [] Cryptosporidium
[] Giardia [] Smegma - T. foetus Specimen ID ([] Anthropod [] Worm [] Other)
[] RABIES EXAM: Human exposure? [] YES [] NO Animal exposure? [] YES [] NO
[] WEST NILE VIRUS
[] CLINICAL PATHOLOGY: [] Serum chemistry for _____
[] CBC with differential [] Urinalysis [] Other _____
[] CYTOLOGY
[] SEROLOGY: [] BRSV [] BVD I [] BVD II [] CDV [] EHD [] EHV-1 [] FIP [] FeLV/FIV [] IBR [] Lepto (5 sero)
[] OPP/CAE [] CAE [] P1-3 [] Other _____
[] ENDOCRINOLOGY FOR _____
[] REGULATORY SEROLOGY: [] Anaplas [] Bluetongue [] BoLeuk [] Brucella [] EIA [] PRV [] B. Canis [] B. Ovis [] JohneS
[] TOXICOLOGY FOR _____
[] SPECIAL REQUESTS _____

HISTOLOGY

Date: _____

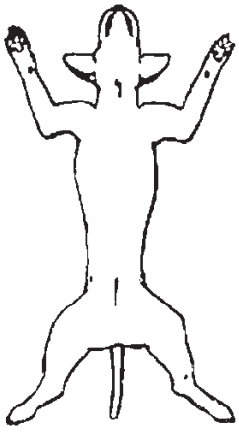
Comments: _____

Total Cassettes: _____

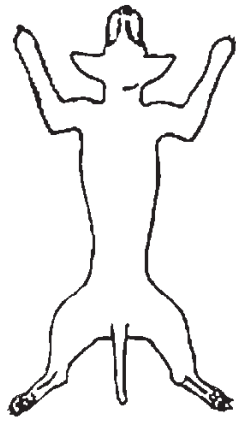
LAB USE ONLY
Carrier _____ Condition: W C F LT LC MS
N H B V E P R W C D S A G F Y T I
ACCOUNT NUMBER _____

SITE OF LESION/SURGICALS

Clinical History *(continued)*



Ventral



Dorsal

NECROPSY RECORD

Today's Date:

Postmortem interval:

External Exam

Respiratory System

Circulatory System

Digestive System

Urogenital System

Lymphatic System

Endocrine System

Musculoskeletal System

Nervous System

Additional Comments:

Phone Report

Necropsy

Histopathology

Bacteriology

1. <input type="checkbox"/> Actinomyces	7. <input type="checkbox"/> Pasteurella	13. <input type="checkbox"/> Streptococcus
2. <input type="checkbox"/> Campylobacter	8. <input type="checkbox"/> Proteus	14. <input type="checkbox"/> No significant isolates
3. <input type="checkbox"/> Clostridium	9. <input type="checkbox"/> Pseudomonas sp.	15. <input type="checkbox"/> No bacterial isolates
4. <input type="checkbox"/> Corynebacterium	10. <input type="checkbox"/> Salmonella sp.	16. <input type="checkbox"/> Mixed contaminants only
5. <input type="checkbox"/> Escherichia coli	11. <input type="checkbox"/> Staphylococcus (coag+)	17. <input type="checkbox"/>
6. <input type="checkbox"/> Klebsiella sp.	12. <input type="checkbox"/> Staphylococcus (coag-)	18. <input type="checkbox"/>

Sensitivity Results

	A	B		A	B
Amikacin			Neomycin		
Ampicillin/Amoxicillin			Novobiocin		
Augmentin/Clavomox			Oxacillin		
Ceftiofur			Penicillin		
Cephalothin			Pirlimycin		
Chloramphenicol			Polymyxin B		
Clindamycin			Streptomycin		
Cloxacillin			Sulfa + Trimethoprim		
Enrofloxacin			Sulfadiazine		
Erythromycin			Tetracycline		
Florfenicol			Ticarcillin/Clavulanic acid		
Furacin/Nitrofurantoin			Tilmicosin		
Gentamycin			Triple Sulfa		
Lincomycin					
Methicillin					

Parasitology

Electron Microscopy

Virology

Serology

Clinical pathology

Albumin	_____	g/dl
Alkaline phosphatase	_____	U/L
ALT	_____	U/L
Amylase	_____	U/L
AST	_____	U/L
BUN	_____	mg/dl
Calcium	_____	mg/dl
Cholesterol	_____	mg/dl
Creatine Kinase	_____	U/L
Creatinine	_____	mg/dl
GGT	_____	U/L
Globulins	_____	g/dl
Glucose	_____	mg/dl
Lactase dehydrogenase	_____	U/L
Lipase	_____	U/L
Magnesium	_____	mg/dl
NH ₃	_____	μmol/L
Phosphorus	_____	mg/dl
Total bilirubin	_____	mg/dl
Total protein	_____	g/dl
Triglycerides	_____	mg/dl
Uric acid	_____	mg/dl
CBC PCV	_____	%
HGB	_____	mg/dl
RBC	_____	μl
WBC	_____	/μl
NRBC	_____	%
Corr WBC	_____	/μl
Differentials		
Lymphocytes	_____	%
Neutrophils	_____	%
Bands	_____	%
Eosinophils	_____	%
Basophils	_____	%
Monocytes	_____	%
Other	_____	
Platelets	_____	
Indices		
MCV	_____	μl
MCH	_____	pg
MCHC	_____	%
Urinalysis		
Leukocytes	_____	
Nitrites	_____	
Urobilinogen	_____	
Protein	_____	
pH	_____	
Blood	_____	
Specific Gravity	_____	
Ketones	_____	
Bilirubin	_____	
Glucose	_____	
Sediment:		
WBC	_____	
RBC	_____	
Epithelial cells	_____	
Bacteria	_____	
Casts	_____	
Crystals	_____	
Other _____	_____	