

Georgia Lab Animal Diagnostic Service

License Number Required

G. L. A. D. S

Athens Veterinary Diagnostic Laboratory

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College of Veterinary Medicine
University of Georgia
Athens, Georgia 30602-7383
Tel: (706) 542-5568

<http://www.vet.uga.edu/dlab/>

Necropsy / Pathology Form

Do Not Write Above This Space

Report To:

Veterinarian: _____

Institution: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____

Fax: _____

Bill To:

Institution: _____

Attn: _____

Address: _____

City, State, Zip: _____

PO# _____

Preferred method to receive report Check one: Email Fax Mail

Specimen Information

Are you aware of any human health hazards which may be associated with this specimen? Yes _____ No _____

If Yes, please state nature: _____

Comments / Special Instructions / Other Information: _____

Signature: _____

Date: _____

Date Shipped: _____ # Samples _____

Age: _____

Species: _____ Strain: _____

Location: _____

PLEASE USE A SEPARATE SUBMISSION FORM FOR EACH SPECIES AND TYPE OF TEST

Necropsy / Histo. Request

Sample #	Specimen ID #	Specimen	Necropsy / Histo Request
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If additional specimens and/or tests are required please use the reverse

Sample #	Specimen ID #	Specimen	Necropsy / Histo. Request
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Additional Test Requests

Serology

Agent/ Panel Request

Serum: _____

PCR

Tissue

Agent/ Panel Request

- | | | |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |

Microbiology

Tissue

Bacterial Culture request

Parasitology request

- | | | | |
|---|-------|-------|-------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

Clin Path

Tissue

Profile / Test Request

- | | | |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |

History
