NECROPSY ugavetlab.org 706-542-5568 athndlab@uga.edu



Vet License #

| CLINIC Veterinarian | | | OWNER | | | | | | |
|--|--|------------------------------|---------------------|--------------|--------------------------------------|---|--|--|--|
| | | | | | | | | | |
| City State Zip | | | County | | | | | | |
| Phone | Ema | il results to | | | | | | | |
| Animal ID | Species | Breed | Se | ex | Age/DOB | Date Deceased | | | |
| | | | | | | | | | |
| | NS SUBMITTED. (| - | - | | _ | | | | |
| | rated for da | ys | Frozen 1 | for _ | days | Fixed | | | |
| Head - Rabies Only | У | | | | | | | | |
| Whole Body | | | | | | | | | |
| Rabies Only: | Only a Rabies FA | test will be | performe | d | | | | | |
| | , | | | | | ssue collection. ecropsy, etc.) are | | | |
| | outine: Includes t antibody testing | | | | | | | | |
| necropsy, and necropsy proto | is used when | additional g d (e.g., spi | ross or nal cord | histo rem | pathology testir noval, navicular | ded in a routine ng above routine bone dissection, sting below) | | | |
| | n for "Complete-R ger storage times | | | | | | | | |
| Mail In: Gross path specific tests request | | at clinic. Fre | esh and fo | orma | lin-fixed tissues | submitted for | | | |
| | Mail In Routine Re | eport | | Mail I | n Extended Repo | ort | | | |
| Fresh Tissue (sites | 5): | | | | | | | | |
| Fixed Tissue (sites | | | | | | | | | |
| Additional testing or s | | | | | | | | | |
| | | | | | | | | | |

Visit portal.vet.uga.edu/catalog for current tests, prices, and sample requirements

| CLINICAL HISTORY / LESION DESCRIPTION Please note if previous material has been submitted | | MENT: | | | |
|---|---|---|---|--|--|
| Please note if previous material has been submitted | TOT UITS ISSUE | | | | |
| | | | | | |
| DIFFERENTIALS/RULE OUTS: | | | | | |
| AVDL NECR | UDEA DI | FOLITPEN | OUEST | ONS | |
| | | _ | _ | | |
| 1. Rables suspect: NO 1es | i yes, ans | swer both qu | iestions ber | OW | |
| a. Were humans exposed? | | | | | |
| No Yes. If yes, Si | :NDSS# fro | m your cou | nty | | |
| b. Were animals exposed? | | | | | |
| No Yes. If yes, de | scribe | | | | |
| 2. Disposition of Remains: Disp | osal | | | | |
| <u> </u> | | (indicate pro | · · | | y of the submitter |
| | | | | : responsibilit | y of the Submitter |
| ADDI | IIONAL | . QUESTI | ONS | | |
| Vaccination History: | | | | | |
| Manner of Death: Futhanized | | Teyind Do | ceased/Date | | <u> </u> |
| Manner of Death: Euthanized | L | | leaseu/Date | / | / |
| | If | found decea | ased, where | e? | |
| Duration of Illness: | Duration | of herd/gro | up problem | : | |
| Herd/Group Size: Anim | als Affected | d: | Animals | s Decease | d: |
| Recent Medications: | | | | | |
| Nutritional Info: | | | | | |
| | | | | | |
| Any known biohazard risks (travel, zo | | | | | |
| mission of specimens for testing by the University of Georgia (UGA) Ve submitter pursuant to which the submitted specimens, as well as prod ubmitters if prior arrangements are made with the laboratory. In the c ubmitting diagnostic specimens, submitters agree to the laboratory's t specimens may be referred to another reputable laboratory | ucts, isolates, and da ase of carcasses sub- esting procedures an | ata derived from them mitted for necropsy, r nd policies, including b | become the propert emains will only be r lling. If tests not offe | y of UGA. UGA meleased to registe ered or temporari | ay return submitted specimens red pet cremation services. By y out of service are requested, |
| | FOR OFFICE | _ | , | | |
| Dpened Coolant by: Ice Pack Dry Ice | None A | A rrival Courier | FedEx | UPS | Mail Drop of |
| Condition | | | | emperatu | · . |
| Good Broken | Leaked | Other | | Frozen | Cold Room |

Rev. 9/24/2024 Form: Acc045.2