


CVM Veterinary Medical Diagnostic Laboratory Necropsy Submission Form

1-800-UMC-VMDL 800-862-8635 Fax 573-882-1411

Courier Addresswww.vmdl.missouri.edu**US Mail Address**

VMDL, 901 E. Campus Loop, Columbia, MO 65211

VMDL, PO Box 6023, Columbia, MO 65205

CLIENT INFORMATION

VETERINARIAN*		OWNER/PRODUCER	
Name		Name	
Clinic/Company		Street Address	
Street Address		City, State, Zip	
City, State, Zip		Phone #	
Phone #/Fax #		E-mail Address	
E-mail Address		Other	
* Please note: By providing a veterinarian, the owner is authorizing the VMDL to send this party reports on the case.		SEND BILL TO: <input type="checkbox"/> Owner/Producer <input type="checkbox"/> Veterinarian	

SAMPLE/PATIENT INFORMATION

Animal Name/ID/Tag		Age	<input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
Species <small>Required Field</small>		Sex	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS
Breed		Weight	<input type="checkbox"/> lb <input type="checkbox"/> kg
Date Sample Collected		Date Sample Sent	
SAMPLE TYPE			
<input type="checkbox"/> Whole Animal(s)	<input type="checkbox"/> Whole Blood	<input type="checkbox"/> Clotted Blood	<input type="checkbox"/> Feed <input type="checkbox"/> Other:

HISTORY/CLINICAL INFORMATION

Clinical/Differential Diagnosis:			
# in Group	Sick	Dead	Raised on Premises? <input type="checkbox"/> If purchased, when? _____ New introductions? <input type="checkbox"/> Date Introduced _____
Date noticed sick	Euthanized? <input type="checkbox"/>	Method of euthanasia: <input type="checkbox"/> Barbiturate/ Other: _____	Time/ Date of Death _____
<input type="checkbox"/> Normal	<input type="checkbox"/> Fever	<input type="checkbox"/> Neurological	<input type="checkbox"/> Hepatic <input type="checkbox"/> GI/Diarrhea
<input type="checkbox"/> Abortion/Repro Failure	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Sudden Death	<input type="checkbox"/> Urinary/urogenital <input type="checkbox"/> Musculoskeletal/lameness
<input type="checkbox"/> Edema	<input type="checkbox"/> Ocular	<input type="checkbox"/> Neoplasia/Mass	<input type="checkbox"/> Chronic weight loss <input type="checkbox"/> Cardiac
<input type="checkbox"/> Respiratory	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Dermatological	<input type="checkbox"/> Production/performance <input type="checkbox"/> Hematological/Hemorrhage
<input type="checkbox"/> Erosion/Vesicular	<input type="checkbox"/> Other _____		decline
More space for additional history on back of sheet.			

NECROPSY OPTIONS

<input type="checkbox"/> Gross Necropsy (\$71)	<input type="checkbox"/> Necropsy and Histopathology (\$93)	<input type="checkbox"/> Necropsy, Histopathology, and Labs (\$166)
<input type="checkbox"/> Toxicology Testing with Necropsy (additional fees may apply)	<input type="checkbox"/> Cosmetic Necropsy (\$212)	<input type="checkbox"/> Large Animal Spinal Exam (\$86)
<input type="checkbox"/> Rabies Testing (if elected, necropsy performed upon negative result)	<input type="checkbox"/> Abortion Panel – up to three fetuses (\$172)	
Other testing not listed:		

DISPOSAL OF REMAINS

<input type="checkbox"/> Private Cremation with Ash Return through Heaven's Gate (submitter responsible for making arrangements with crematorium)
<input type="checkbox"/> Group Cremation (no ash return, performed on-site)*
* Disposal fees apply for large animals: Equine 500 lbs and under=\$180, Equine over 500 lbs=\$300, Food Animal over 500 lbs=\$100
Additional instructions:

ADDITIONAL HISTORY/CLINICAL INFORMATION

[Empty box for additional history/clinical information]