

CVM Veterinary Medical Diagnostic Laboratory Necropsy Submission Form

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

Courier Address

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

www.vmdl.missouri.edu

US Mail Address

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 Required Field		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? ____ If purchased, when? ____ New introductions? ____ Date Introduced ____	
Date noticed sick ____ Euthanized? ____ 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 _____ <input type="checkbox"/> decline	
More space for additional history on back of sheet.	

NECROPSY OPTIONS

<input type="checkbox"/> Gross Necropsy (\$80)	<input type="checkbox"/> Necropsy and Histopathology (\$105)	<input type="checkbox"/> Necropsy, Histopathology, and Labs (\$190)
<input type="checkbox"/> Toxicology Testing with Necropsy (additional fees may apply)		<input type="checkbox"/> Cosmetic Necropsy (\$225) <input type="checkbox"/> Large Animal Spinal Exam (\$95)
<input type="checkbox"/> Rabies Testing (if elected, necropsy performed upon negative result)		<input type="checkbox"/> Abortion Panel – up to three fetuses (\$190)
Other testing not listed:		

DISPOSAL OF REMAINS

<input type="checkbox"/> Private Cremation with Ash Return (submitter responsible for making arrangements with crematorium, VMDL will hold remains)	
<input type="checkbox"/> Group Cremation (no ash return, performed on-site)* Disposal fees apply: Equine 500 lbs and under=\$190, Equine over 500 lbs=\$300, Food Animal over 500 lbs=\$150, Food Animal 500 lbs and under=\$50, Small Animal or Avian= \$10	
Additional instructions:	

ADDITIONAL HISTORY/CLINICAL INFORMATION