

PTH

STAT
(may incur additional charges)
Previous Case #



VETERINARY DIAGNOSTIC LABORATORY
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VETERINARIAN

CLINIC/HOSPITAL

ADDRESS

CITY _____ **STATE** _____ **ZIP** _____
PHONE () _____
CLINIC EMAIL

VET EMAIL

P.O./ACCT#

FEIN # _____ **NEW CLIENT** **UPDATES**
BILLING COMMENTS (Owner billing not available)

CONDITION SUSPECTED (History on Page 2)

EMAIL RESULTS CLINIC VETERINARIAN BOTH ONLINE ONLY
COPY RESULTS VTH 3RD PARTY _____
OWNER NAME

CITY _____ **STATE** _____ **ZIP** _____
BREED _____ **AGE** _____
SEX M F MC FS **WEIGHT** _____ LBS KG G
SPECIES CANINE FELINE EQUINE BOVINE PORCINE
 OVINE CAPRINE AVIAN OTHER _____
ANIMAL ID _____ *See reverse for more ID's*
DATE SENT / / USPS UPS FedEx COURIER DROP OFF
 OTHER _____
DATE COLLECTED / / **SPECIMEN** TISSUE FECES WHOLE BLOOD
 SERUM URINE SWAB SITE _____

Accession#
Lab Use Only

HISTOPATHOLOGY/BIOPSY • NECROPSY • PARASITOLOGY

HISTOPATHOLOGY / BIOPSY
(Mark Site(s) on Page 2)
_____ # Tissues
Indicate Date/Time in Fixative

 Standard Histopathology Biopsy
 Limb Examination
 Histopathology/Biopsy Consultation
 Immunohistochemistry
Specify Test(s) if known: _____
 Immunohistochemistry with Interpretation
Specify Test(s) if known: _____
 BVD IHC (indicate quantity) _____
 Other (please specify) _____

VDL NECROPSY
Euthanized? No Yes
Date/Time of Death _____
_____ # Animals Submitted
_____ # In Herd/Flock
_____ # Exhibiting Symptoms
_____ # Dead
 Gross ONLY Examination
 Gross and Histopathology ONLY
 Full Necropsy - Includes Gross, Histopathology and Ancillary Testing
 Bovine Abortion Panel
 Equine Abortion Panel
 Porcine Abortion Panel
 Small Ruminants Abortion Panel
Additional charges apply to the following:
 Cosmetic Necropsy - Prior Pathologist Approval Required
 Spinal Cord Examination - not Available on Gross Examination Only
Remains
 Disposed by Lab
 HOLD for pick up by
 Owner
 Representative _____

FIELD NECROPSY/NIAB
 Abortion Panel
Date/Time of Death _____
_____ # Animals
_____ # Fixed Tissues (indicate sites & label)

Type Formalin Other _____
_____ # Fresh Tissues (indicate sites & label)

_____ # Swab (indicate sites & label)

_____ # Other (indicate sites & label)

PARASITOLOGY
 Baermann technique
 Cryptosporidium acid-fast stain
 Fecal egg count
 Fecal flotation (includes Giardia)
 Microfilaria (Knott's)
 Parasite identification

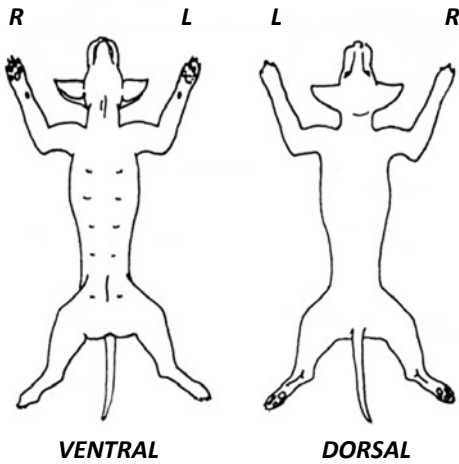
Authorized Signature (Optional) _____

VDL- Received By (Initials) _____

NECROPSY • HISTOPATHOLOGY (PAGE 2)

HISTORY OR ADDITIONAL INFORMATION: Indicate signs, duration, stress factors, previous disease, treatments, postmortem findings, pertinent feed or feed activities, time period animal was on premises, and clinical lab results (attach additional sheets as necessary).

GROSS DESCRIPTION OF LESIONS: Include location, size, color, consistency; if skin or subcutaneous lesions, fill in the diagram to indicate the extent: use "X" to mark biopsy sites.



- | | |
|---|------------------------------------|
| 1. Location | 5. Duration |
| _____ | _____ |
| 2. Size and shape | 6. Rate of growth |
| _____ | _____ |
| 3. Color, texture and presence of capsule | 7. Are surgical margins submitted? |
| _____ | _____ |
| 4. Growth Pattern (expansion, invasion, predunculation) | 8. History of recurrence |
| _____ | _____ |

Additional Comments/Special Instructions:

Show distribution of skin lesions in the above drawing

Do not write in this section (VDL INTERNAL USE ONLY)

VDL HISTOPATHOLOGY REQUEST

Species _____ Accession Number _____
 Trimmed by/Date _____ VDL Pathologist/Resident _____

<u># Cassettes:</u>	<u># Tissues:</u>	<u>Embedding Instructions</u>	<u>Trimming Comments</u>
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Histology Lab Comments/Notes: _____