



PTH

STAT
(MAY INCUR ADDITIONAL CHARGES)
PREVIOUS CASE#

VETERINARY DIAGNOSTIC LABORATORY

University of Illinois at Urbana-Champaign
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HISTOPATHOLOGY/BIOPSY • NECROPSY • PARASITOLOGY**CLIENT INFORMATION**

Account # _____

Clinic/Hospital _____

Referring Veterinarian _____

Address _____

City, State, Zip _____

Phone _____

Email _____

FEIN # _____

☐ New Client☐ Account Updates**ANIMAL INFORMATION**

Breed _____ Age _____

Sex ☐ M ☐ F ☐ FS ☐ MCWeight _____ ☐ LB ☐ KG ☐ GSpecies ☐ Canine ☐ Feline ☐ Equine ☐ Bovine ☐ Porcine☐ Caprine ☐ Ovine ☐ Avian ☐ Other _____

Animal ID _____

See reverse for more IDs

OWNER INFORMATION

Owner Name _____

City, State, Zip _____

SPECIMEN INFORMATION

DATE COLLECTED _____

Type ☐ Tissue ☐ Feces ☐ Whole Blood☐ Serum ☐ Urine ☐ Swab Site _____

Accession # Lab Use Only

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☐ Rabies Suspect? ☐ No ☐ Yes☐ Zoonotic Concern? ☐ No ☐ Yes

Date/Time of Death _____

_____ Animals Submitted

_____ # In Herd/Flock

_____ # Exhibiting Symptoms

_____ # Dead

☐ Gross ONLY Examination☐ Gross and Histopathology ONLY

Necropsy, Full Diagnostic - Includes Gross,
Histopathology and Ancillary Testing. **Please choose**
one below.

☐ **Workup Level 1** (up to \$250 or ~ 5 tests)

☐ **Workup Level 2** (up to \$500 or ~ 10 tests) For
abortions, Workup Level 2 is recommended if uncertain,
call first.

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**☐ Field Necropsy (NIAB) - Histopathology only

☐ Field Necropsy (NIAB) - Histopathology and
Ancillary Testing. **Please choose one below.**

☐ **Workup level 1** (up to \$250, ~ 5 tests)☐ **Workup level 1** (up to \$500, ~ 10 tests)

For abortions, Workup level 2 is recommended. If
uncertain, call first.

Date/Time of Death _____

_____ # Animals

_____ # Fixed Tissues (indicate sites & label)

Type ☐ Fomalin ☐ Other _____

_____ # Fresh Tissues (indicate sites & label)

_____ # Swabs (indicate sites & label)

_____ # Other (indicate sites & label)

PARASITOLOGY☐ Fecal Float (Sheather's Solution)☐ Fecal Egg Count (Modified McMaster)☐ Giardia (Zinc Sulfate Flotation)☐ Modified Baermann Technique☐ Microfilaria (Modified Knott's)☐ Cryptosporidium (Modified Negative Stain)☐ Parasite Identification

Authorized Signature (Optional) _____

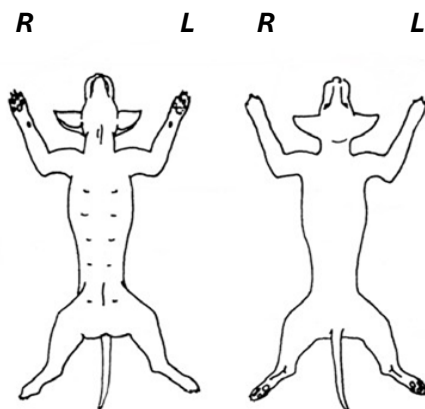
VDL - Received By (Initials) _____

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).

HEARD HEALTH ☐ Yes ☐ No

DIFFERENTIAL DIAGNOSIS:

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.



VENTRAL

DORSAL

Show distribution of skin lesions in the above drawing

1. Location

5. Duration and rate of growth

2. Size and Shape

6. Dermatopathology: Pruritic? Responds to steroids?
(anti-inflammatory vs immunosuppressive)

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:

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

VDL HISTOPATHOLOGY REQUEST

Species _____

Accession Number _____

Trimmed By/Date _____

VDL Pathologist/Resident _____

Cassettes:

Tissues:

Embedding Instructions

Trimming Comments

Histology Lab Comments/Notes: _____

VDL- Received By (Initials)