CLEAR SUBMISSION PRINT

PTH

☐ STAT
(MAY INCUR ADDITIONAL CHARGES)

PREVIOUS CASE# _____

HISTOPATHOLOGY/BIOPSY • NECROPSY • PARASITOLOGY

VETERINARY DIAGNOSTIC LABORATORY
University of Illinois at Urbana-Champaign
2001 South Lincoln Avenue
Urbana, IL 61802-6178
Tel: (217) 333-1620 **Fax:** (217) 244-2439
Email: vdlreceiving@vetmed.illinois.edu
Website: https://vdl.vetmed.illinois.edu/

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 ☐ MC

Weight _____ ☐ LB ☐ KG ☐ G

Species ☐ Canine ☐ Feline ☐ Equine ☐ Bovine ☐ Porcine ☐ Caprine ☐ Ovine ☐ Avian ☐ Other _____

Animal ID _____

See reverse for more IDs

Accession # Lab Use Only

OWNER INFORMATION

Owner Name _____

City, State, Zip _____

SPECIMEN INFORMATION **DATE COLLECTED** _____

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

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

☐ Baermann technique
☐ Cryptosporidium acid-fast stain
☐ Fecal egg count
☐ Fecal flotation (Zinc Sulfate for *Giardia*)
☐ Fecal flotation (standard Sheather)
☐ Microfilaria (Knott's)
☐ Parasite identification

Authorized Signature (Optional) _____ VDL -Received By (Initials)

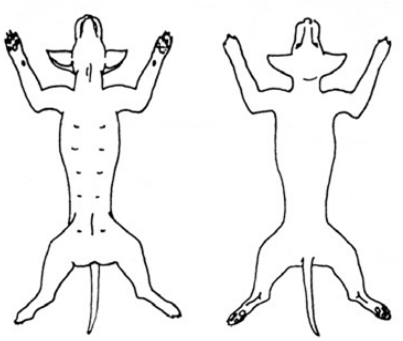
HISTORY OR ADDITIONAL INFORMAITON: *Indicate signs, duration, stress factors, previous disease, treatments, postmortem findings, pertinent feed or feed activities, time period animal was on premises, and clinical lab results (attach additional sheets as necessary).*

HERD 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.*

R L L R



VENTRAL ***DORSAL***

Show distribution of skin lesions in the above drawing

1. Location _____
2. Size and Shape _____
3. Color, texture and presence of capsule _____
4. Growth Pattern (expansion, invasion, predunculation) _____
5. Duration and rate of growth _____
6. Dermatopathology: Pruritic? Responds to steroids? (anti-inflammatory vs immunosuppressive) _____
7. Are surgical margins submitted? _____
8. History of recurrence _____

Additional Comments/Special Instructions:

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

VDL HISTOPATHOLOGY REQUEST

Species_____

Accession Number _____

Trimmedby/Date_____

VDL Pathologist/Resident _____

# Cassettes:	***# Tissues:***	***Embedding Instructions***	***Trimming Comments***

Histology Lab Comments/Notes _____

_____

VDL- Received By (Initials)