



VETERINARY DIAGNOSTIC LABORATORY
UNIVERSITY OF ILLINOIS
PO BOX U
2001 SOUTH LINCOLN AVENUE
URBANA, IL 61802
217/333-1620 FAX 217/244-2439

ACCESSION # _____

SEND RESULTS BY:

FAX HARD COPY BOTH

For U of ILAC/SAC Clinic Card Use Only

Clinic Name _____
 Veterinarian _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____ Fax () _____

Owner _____
 Address _____
 City _____ State _____ Zip _____
 County _____ Phone () _____

Date Sent _____
 Carrier _____

This is a new

Address Phone # FEIN #

Please send:

Forms Fee Schedule Labels

FEIN # _____
 Univ. Acct # _____
 P.O. # _____

TEST REQUIRED:

- | | | | |
|--|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bacteriology
(Culture/Sensitivity) | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Necropsy | <input type="checkbox"/> Toxicology |
| <input type="checkbox"/> Clinical Pathology | <input type="checkbox"/> Histopathology | <input type="checkbox"/> Parasitology | <input type="checkbox"/> Virology |
| | <input type="checkbox"/> Immunology | <input type="checkbox"/> Pharmacology | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Mycology | <input type="checkbox"/> Serology | |

Species	Breed/Strain	Age	Sex (circle) M F MC FS	Animal ID (name tag - #)	Animal Wt.
Location of Lesion	# Dead	# Sick	# In Group	# On Premises	Duration of Problem
Was animal euthanized? If so, what method?			Time of Death	Vaccinations	Insured?

PLEASE IDENTIFY ALL SPECIMENS INDIVIDUALLY BELOW

SAMPLE/SPECIMEN ID#	SAMPLE/SPECIMEN TYPE	ANALYSIS REQUESTED
A _____	_____	_____
B _____	_____	_____
C _____	_____	_____
D _____	_____	_____
E _____	_____	_____
F _____	_____	_____
G _____	_____	_____
H _____	_____	_____

TOTAL SAMPLES/ANIMALS SUBMITTED: _____

Conditions Suspected:

Clinician's Signature: _____

For Laboratory Use Only: Interim _____ Addendum _____ CS _____ Final _____

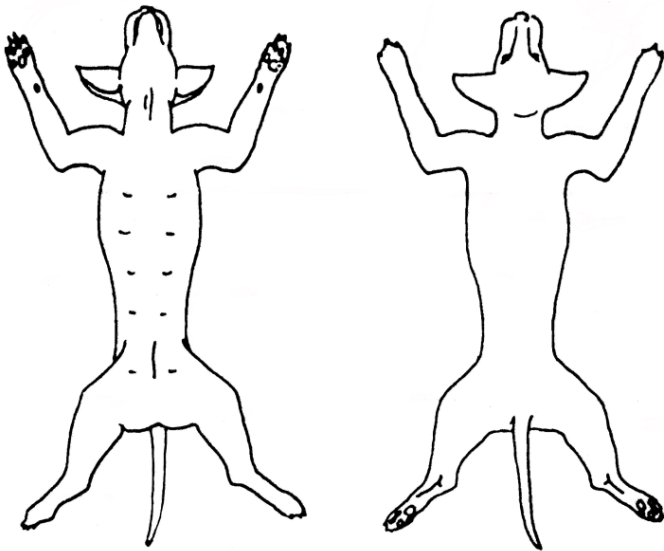
DATE RECEIVED _____

REF. # _____

Additional History: (signs, stress factors, previous disease, treatments, postmortem findings, pertinent feed or feed additives, time period animal was on premises, clinical lab results; attach additional history sheets as necessary).

SPECIMENS FOR SURGICAL PATHOLOGY

R L L R



Ventral

Dorsal

Show distribution of skin lesion on above drawings.

1. Location _____
 2. Size and shape _____
 3. Color, texture and presence of capsule _____

 4. Growth pattern (expansion, invasion, pedunculation, etc.) _____

 5. Duration _____
 6. Rate of growth _____
 7. Are margins submitted? _____

 8. History of recurrence. _____

- Previous U of I Accession Case # _____

SPECIMENS FOR RABIES EXAMINATION: Sections below must be completed for rabies submissions.

Animal Died? _____ Killed? _____ Date _____
 Name of person(s) exposed _____ Age _____
 Site and type of wound _____
 Address _____ Town _____ Phone () _____
 Private Physician _____
 Address: _____ Town _____ Phone () _____

A COPY OF THE FINAL REPORT ON THIS CASE WILL BE PROVIDED ONLY TO THE SUBMITTING VETERINARIAN, UNLESS AN EXCEPTION IS REQUESTED IN WRITING BY THE SUBMITTING VETERINARIAN.