

PTH

☐ **STAT**

(may incur additional charges)

Previous Case # _____



VETERINARY DIAGNOSTIC LABORATORY

University of Illinois at Urbana-Champaign

PO Box U, 2001 South Lincoln Avenue

Urbana, IL 61802-6178

Tel: (217) 333-1620 Fax: (217) 244-2439

Email: vdldirectoroffice@vetmed.illinois.edu

Website: vetmed.illinois.edu/vdl

ACCESSION # _____

Place sticker here

VETERINARIAN
CLINIC/HOSPITAL
ADDRESS
CITY
STATE
ZIP
PHONE ()
FAX ()
CLINIC EMAIL
VET EMAIL
P.O./ACCT #/FOP
FEIN #
<input type="checkbox"/> NEW CLIENT <input type="checkbox"/> UPDATES
BILLING COMMENTS (Owner billing not available)
CONDITIONS SUSPECTED (HISTORY ON PAGE 2)

RESULTS ☐ FAX ☐ EMAIL CLINIC ☐ EMAIL VET ☐ ONLINE/APP
COPY RESULTS ☐ VTH ☐ OTHER (NAME WITH FAX OR EMAIL BELOW)

SEND ☐ SUBMISSION FORMS ☐ FEE SCHEDULE

OWNER NAME (FIRST & LAST)
CITY
STATE
ZIP
BREED
AGE
SPECIES <input type="checkbox"/> CANINE <input type="checkbox"/> FELINE <input type="checkbox"/> EQUINE <input type="checkbox"/> BOVINE <input type="checkbox"/> PORCINE
<input type="checkbox"/> OVINE <input type="checkbox"/> CAPRINE <input type="checkbox"/> AVIAN <input type="checkbox"/> OTHER
SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> MC <input type="checkbox"/> FS
WEIGHT
ANIMAL ID
DATE SENT
/ /
<input type="checkbox"/> USPS <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> COURIER
<input type="checkbox"/> DROP OFF <input type="checkbox"/> OTHER
DATE COLLECTED
/ /
SPECIMEN <input type="checkbox"/> TISSUE <input type="checkbox"/> FECES <input type="checkbox"/> WHOLE BLD
<input type="checkbox"/> SERUM <input type="checkbox"/> URINE <input type="checkbox"/> OTHER

ADDITIONAL TESTING MAY BE AVAILABLE, CHECK OUR WEBSITE FOR DETAILS

HISTOPATHOLOGY/BIOPSY • NECROPSY

HISTOPATHOLOGY/ BIOPSY

(MARK SITE(S) ON PAGE 2)

_____ # Tissues

- ☐ Standard Histopathology/Biopsy
☐ Immunohistochemistry
☐ Immunohistochemistry with Interpretation

Indicate Date/Time in Fixative

(Specify)

- ☐ Multiple Tumor Evaluation
☐ Margin Evaluation
☐ Histopathology/Biopsy Consultation
☐ Lymphoma Panel (CD3, CD79a, H & E)
☐ BVD IHC (indicate quantity) _____
☐ Other (please specify) _____

Research Histology

- ☐ Slides (indicate quantity) _____
☐ Blocks (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)

Additional charges apply to the following

- ☐ Cosmetic Necropsy
☐ Forensic Necropsy
☐ Neurologic Exam (not Available on Gross Examination ONLY)

Remains (Disposed by Lab unless noted)

☐ Hold for Pickup by

☐ Owner

☐ Representative _____

Rabies Only

Vaccination Current? ☐ No ☐ Yes

☐ Euthanized/Date _____

☐ Other _____

HUMAN EXPOSURE? ☐ Yes

Name and Address of Person Exposed

Full Name _____

Address _____

City _____

Zip _____

Phone _____

Site & Type of Wound _____

HUMAN EXPOSURE? ☐ No

Federal Guidelines Followed? ☐ Yes ☐ No

Go To: <http://www.dph.illinois.gov> for information

FIELD NECROPSY (NIAB)

Date/Time of Death _____

Date Field Necropsy Performed _____

_____ # Animals

_____ # Fixed Tissues (indicate sites & label)

Indicate Date/Time in Fixative _____

Type: ☐ Formalin ☐ Other _____

_____ # Fresh Tissues (indicate sites & label)

_____ # Swab (indicate body sites & label)

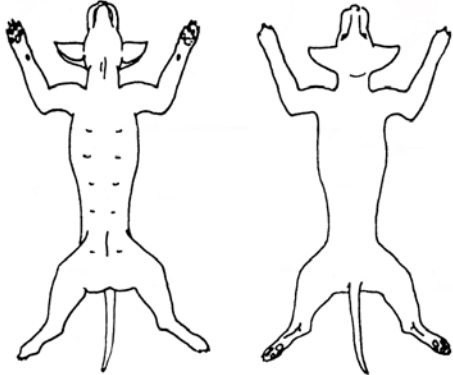
_____ # Other(indicate type, body sites & label)

AUTHORIZED SIGNATURE (OPTIONAL) _____

REC'D 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).

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.

<p>R L L R</p>  <p style="text-align: center;">VENTRAL DORSAL</p>	<p>1. Location _____</p> <p>2. Size and shape X X cm/in _____</p> <p>3. Color, texture and presence of capsule _____</p> <p>4. Growth pattern (expansion, invasion, pedunculation) _____</p> <p>Additional Comments/Special Instructions: _____</p>	<p>5. Duration _____</p> <p>6. Rate of growth _____</p> <p>7. Are surgical margins submitted? _____</p> <p>8. History of recurrence _____</p>
--	---	---

Show distribution of skin lesions in above drawings.

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: _____