

PTH

STAT

(may incur additional charges)

Previous Case # \_\_\_\_\_



VETERINARY DIAGNOSTIC LABORATORY

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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 <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL CLINIC <input type="checkbox"/> EMAIL VET <input type="checkbox"/> ONLINE/APP
COPY RESULTS <input type="checkbox"/> VTH <input type="checkbox"/> OTHER (NAME WITH FAX OR EMAIL BELOW)
SEND <input type="checkbox"/> SUBMISSION FORMS <input type="checkbox"/> 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

ACCESSION # \_\_\_\_\_  
Place sticker here

\*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
- Neurologic Exam (not Available on Gross Examination ONLY)

**Remains** (Disposed by Lab unless noted)

Hold for Pickup by

- Owner
- Representative \_\_\_\_\_

**Abortion Package**

Bovine \_\_\_\_\_

Equine \_\_\_\_\_

Porcine \_\_\_\_\_

Small Ruminant \_\_\_\_\_

Other \_\_\_\_\_

**FIELD NECROPSY (NIAB)**

Date/Time of Death \_\_\_\_\_

\_\_\_\_\_ # Animals

\_\_\_\_\_ # Fixed Tissues (indicate sites & label)

Type:  Formalin  Other \_\_\_\_\_

\_\_\_\_\_ # Fresh Tissues (indicate sites & label)

\_\_\_\_\_ # Swab (indicate body sites & label)

\_\_\_\_\_ # Other(indicate type, body sites & label)

**Rabies Only**

Vaccination Current?  No  Yes

Euthanized/Date \_\_\_\_\_

Other \_\_\_\_\_

HUMAN EXPOSURE?  Yes  No

Name and Address of Person Exposed

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Site & Type of Wound \_\_\_\_\_

Federal Guidelines Followed?  Yes  No

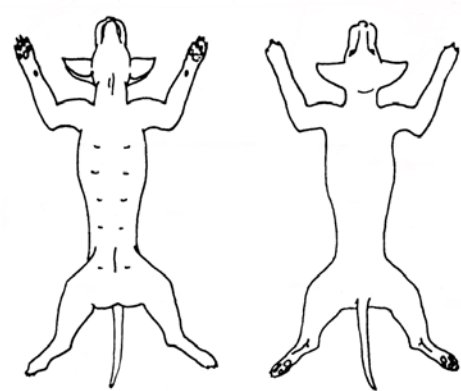
Go To: <http://www.dph.illinois.gov> for information

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 style="text-align: center;"><b>R            L            L            R</b></p>  <p style="text-align: center;"><b>VENTRAL                      DORSAL</b></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>
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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 _____

<u># cassettes:</u>	<u># tissues</u>	<u>Embedding Instructions</u>	<u>Trimming Comments</u>
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**Histology Lab Comments/Notes:** \_\_\_\_\_