MARYLAND DEPARTMENT OF AGRICULTURE
FREDERICK LAB-NECROPSY FORM

DATE_____ ACCESSION NUMBER_____

OWNER_____ VET. _____

Email Address _____ VET FAX # _____

OWNER ADDRESS_____

_____ COUNTY LOCATED_____

PHONE_____ IDENTIFICATION_____

SPECIMEN_____AGE_____SEX_____BREED_____

HISTORY: LIVE / TIME OF DEATH_____

_____

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_____

TREATMENT: _____

VACCINATION_____

_____

FOR INTERNAL USE ONLY

BACTI / MYCO	SPECIMEN	PARASITOLOGY
☐ Routine		☐ CRYPTO / TYPE
☐ Salmonella		☐ GIARDIA / TYPE
☐ Listeria		☐ ROUTINE
☐ Clostridium		

SEROLOGY	RESULTS	VIROLOGY / FA	RESULTS	PCR	RESULTS
☐ BT		☐ Rabies		☐ AI	
☐ Brucellosis		☐ Rota		☐ EHV	
☐ EIA		☐ EHV - FA		☐ Johnes	
☐ BLV				☐ NDV	
☐ Johnes					
☐ CAE/ OPP					
☐ Anaplasma					
☐ Neospora					