



# Frederick Animal Health Laboratory

1840 Rosemont Avenue  
Frederick, MD 21702-8218

(301) 600-1548 (Phone)  
(301) 600-6111 (FAX)

## Necropsy Request Form

Payment (Circle One): Cash    Check (#            )    Bill Vet    Amount \$

DATE and TIME: \_\_\_\_\_

ACCESSION #: \_\_\_\_\_

ARE ANIMALS LOCATED IN THE STATE OF MARYLAND (Circle One)?      **YES**      **NO**

**Owner:** \_\_\_\_\_  
**Farm Identity:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

**Vet/Agent:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_

Report Distribution: E-Mail    Fax    USPS    No Report

Report Distribution: E-Mail    Fax    USPS    No Report

**Provide Necropsy Pictures with report:**     Yes     No

**Animal ID:** \_\_\_\_\_ **Species:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Tattoo #** (provide anatomical location): \_\_\_\_\_

**Microchip #** (provide anatomical location): \_\_\_\_\_

Location same as Owner: Yes    No *Provide Address:* \_\_\_\_\_

**County Where Animal Located:** \_\_\_\_\_

**Origin of Animal:** Date Purchased: \_\_\_\_\_ Sale: \_\_\_\_\_ State: \_\_\_\_\_

**Reason for Test:**     Diagnostic     Neurological     Respiratory     Abortion     Sudden Death  
 Sheep/Goat Disposal Only     Other: \_\_\_\_\_

**HISTORY:**    # Sick Animals: \_\_\_\_\_    # Dead Animals: \_\_\_\_\_    Total # Animals on Premise: \_\_\_\_\_

**Time of Death:** \_\_\_\_\_

**Recent Diagnostic Testing:**  Bloodwork     ECG     Scoping     Ultrasound     Radiographs     Other

*Please provide details:* \_\_\_\_\_

**Clinical Signs:**     Behavioral abnormalities     Weight loss     Increased sensitivity to noise/sudden movement  
 Tremors     Star gazing     Head pressing

Repeated intense rubbing with bare areas or damaged wool in similar locations on both sides of the animal's body or, if on the head, both sides of the poll

Abraded, rough, thickened, or hyper pigmented areas of skin in areas of wool/hair loss in similar locations on both sides of the animal's body or, if on the head, both sides of the poll

**Weakness** (not including visible traumatic injuries):     Stumbling     Falling down     Difficulty Rising

**Bilateral gait abnormalities:**     Incoordination     Ataxia     High stepping gait of forelimbs  
 Swaying of back end     Bunny-hop movement of rear legs

**Respiratory:**     Coughing     Nasal Discharge     Difficulty breathing

**Less specific clinical signs:**     Non-ambulatory     Lethargic     Decreased appetite     Diarrhea     Fever  
 Dead of unknown cause     Wool/hair loss without intense rubbing being observed  
 Signs of wasting (poor body condition)

**Medications** (List all including supplements): \_\_\_\_\_

**Vaccinations** (Include Dates): \_\_\_\_\_

**Diet:**  Grain (Type & Amount Fed): \_\_\_\_\_

Hay (Type & Amount Fed): \_\_\_\_\_

Other Supplements: Amount: \_\_\_\_\_ Type: \_\_\_\_\_



# Frederick Animal Health Laboratory

1840 Rosemont Avenue  
Frederick, MD 21702-8218

(301) 600-1548 (Phone)  
(301) 600-6111 (FAX)

## Necropsy Request Form

ACCESSION # \_\_\_\_\_

Diseases to Rule Out: \_\_\_\_\_

Clinical Signs:

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

### FOR LABORATORY USE ONLY NECROPSY WORKSHEET

| BACTI                                                                                                                                                                                      | SPECIMEN                                                                                                                                                                                                                                                         | PARASITOLOGY                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AEROBIC<br><input type="checkbox"/> ANAEROBIC<br><input type="checkbox"/> SALMONELLA<br><input type="checkbox"/> CLOSTRIDIUM<br><input type="checkbox"/> LISTERIA | Lung Liver Kidney Placenta Other:<br>Lung Liver Kidney Placenta Other:<br>Feces Intestine Intestinal Contents Fetal Tissue Pooled: Lung, Liver, Stomach Content<br>Intestine Intestinal Contents<br>Brain Stem Fetal Tissue Pooled: Lung, Liver, Stomach Content | <input type="checkbox"/> McMASTER<br><input type="checkbox"/> FLOAT<br><input type="checkbox"/> OCCULT BLOOD<br><input type="checkbox"/> FECAL BAERMAN (Lungworm) |

| SEROLOGY                                         | RESULTS | VIROLOGY / FA                        | RESULTS | PCR                                         | RESULTS |
|--------------------------------------------------|---------|--------------------------------------|---------|---------------------------------------------|---------|
| <input type="checkbox"/> BT <i>cELISA</i>        |         | <input type="checkbox"/> RABIES      |         | <input type="checkbox"/> AI                 |         |
| <input type="checkbox"/> BRUCELLOSIS             |         | <input type="checkbox"/> ROTA        |         | <input type="checkbox"/> EHV-1              |         |
| <input type="checkbox"/> BLV <i>ELISA</i>        |         | <input type="checkbox"/> CRYPTO      |         | <input type="checkbox"/> JOHNES             |         |
| <input type="checkbox"/> JOHNES <i>ELISA</i>     |         | <input type="checkbox"/> GIARDIA     |         | <input type="checkbox"/> NDV                |         |
| <input type="checkbox"/> CAE/OPP <i>cELISA</i>   |         | <input type="checkbox"/> BLACKLEG FA |         | <input type="checkbox"/> IAV (Swine/Equine) |         |
| <input type="checkbox"/> ANAPLASMA <i>cELISA</i> |         |                                      |         |                                             |         |

| BSE                                                                | Samples Collected                  | SCRAPIE                                           | Samples Collected                |                                                    | CARCASS WEIGHT: |
|--------------------------------------------------------------------|------------------------------------|---------------------------------------------------|----------------------------------|----------------------------------------------------|-----------------|
| 2 <sup>nd</sup> set of incisors erupted: yes / no<br>Animal Color: | Fresh Obex in Red Top Conical Tube | Tag#: _____<br>Tattoo: _____<br>Face Color: _____ | Formalin Fixed                   | Fresh/Frozen                                       | LBS or Grams    |
|                                                                    |                                    |                                                   | Obex<br>Lymph node<br>Cerebellum | Ear<br>Ear Tag<br>Obex<br>Lymph node<br>Cerebellum |                 |
| Date Samples Collected:                                            |                                    |                                                   | Samples Collected By:            |                                                    |                 |