



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: _____

Vet/Agent: _____

Farm Identity: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Email: _____

Email: _____

Phone: (____) _____ Fax: (____) _____

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

Report Distribution: E-Mail Fax USPS No Report

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: _____



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Diseases to Rule Out:

Clinical Signs:

FOR LABORATORY USE ONLY
NECROPSY WORKSHEET

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

| SEROLOGY | RESULTS | VIROLOGY / FA | RESULTS | PCR | RESULTS |
|---|---------|--------------------------------------|---------|---|---------|
| <input type="checkbox"/> BT <i>c</i> ELISA | | <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>c</i> ELISA | | <input type="checkbox"/> BLACKLEG FA | | <input type="checkbox"/> IAV (Swine/Equine) | |
| <input type="checkbox"/> ANAPLASMA <i>c</i> ELISA | | | | | |

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