



Frederick Animal Health Laboratory

1840 Rosemont Avenue
Frederick, MD 21702-8218

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

Necropsy Request Form

DATE _____ ACCESSION NUMBER _____

OWNER _____ VET. _____

EMAIL _____ VET FAX # _____

OWNER ADDRESS _____

IS ANIMAL LOCATION SAME AS OWNER YES NO (PROVIDE ADDRESS) _____

PHONE _____ IDENTIFICATION _____

SPECIMEN _____ AGE _____ SEX _____ BREED _____

HISTORY: LIVE / TIME OF DEATH _____

PREMISE INFORMATION: TOTAL # ANIMALS ON PREMISE _____ # SICK ANIMALS _____ # DEAD ANIMALS _____

TREATMENT: _____

VACCINATION _____

FOR INTERNAL USE ONLY

BACTI / MYCO	SPECIMEN	PARASITOLOGY
<input type="checkbox"/> Routine		<input type="checkbox"/> CRYPTO / TYPE
<input type="checkbox"/> Salmonella		<input type="checkbox"/> GIARDIA / TYPE
<input type="checkbox"/> Listeria		<input type="checkbox"/> McMaster
<input type="checkbox"/> Clostridium		<input type="checkbox"/> Occult Blood

SEROLOGY	RESULTS	VIROLOGY / FA / TSE	RESULTS	PCR	RESULTS
<input type="checkbox"/> BT		<input type="checkbox"/> Rabies		<input type="checkbox"/> AIV/SIV	
<input type="checkbox"/> Brucellosis		<input type="checkbox"/> Rota		<input type="checkbox"/> EHV-1	
<input type="checkbox"/> EIA		<input type="checkbox"/> BSE		<input type="checkbox"/> Johne's	
<input type="checkbox"/> BLV		Incisors: yes / no		<input type="checkbox"/> NDV	
<input type="checkbox"/> Johne's		<input type="checkbox"/> Scrapie			
<input type="checkbox"/> CAE/ OPP		Tag#: _____			
<input type="checkbox"/> Anaplasma		Facecolor: _____		Carcass Weight:	
<input type="checkbox"/> Neospora		(sheep only)			