



# 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)			