



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) | | | |